



UNIVERSITÀ DI SIENA 1240

DEPARTMENT OF SOCIAL, POLITICAL AND COGNITIVE SCIENCES
STUDENTS AND COURSE ADMINISTRATION OFFICE

TO THE TEACHING COMMITTEE

Matriculation no. _____

I, the undersigned, (*full name*) _____

Resident in (*full address*) _____

City _____ Postal code _____ mobile phone _____

institutional email address _____@student.unisi.it

Enrolled for a.y. ____ / ____ in the ____ year on schedule repeating not on schedule (*fuori corso*) with exams in the

First cycle degree course in _____

Second cycle degree course (*Specialistica/Magistrale*) in _____

REQUEST

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I authorize the processing of my personal data pursuant to Legislative Decree no. 196 of 30 June 2003.

Siena, _____ (*date*)

Student's signature _____

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| TEACHING STAFF NOTES: |
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The Teaching Committee:

Approves

Does not approve (*indicate the reasons in the notes*)

Session of (*date*) _____

The Chairman of the Teaching Committee
