UNIVERSITÀ DEGLI STUDI DI MILANO BICOCCA

DOMANDA PER ESPOSTO

Student code n° .....

◯ **To the Rector of the University of Milan - Bicocca**

◯ **To the Secretariat Office**

◉ **To** .....

I, hereby, (Student full name) .....

Born in (Student's place of birth) .....

On (Student's date of birth) ..... Currently enrolled for the academic year ..... / .....

in the ◯ FIRST YEAR ◯ SECOND YEAR ◯ THIRD YEAR ☐ OUTSIDE PRESCRIBED TIME STUDENT of the Degree Course (full name of the University Study Programme) .....

REQUEST

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Milan, (Date) .....

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(signature)

Tel. ..... E-mail .....@campus.unimib.it

(*enter the user name utilised for accessing online services*)

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