

UNIVERSITÀ DEGLI STUDI **DELL'INSUBRIA**

REQUEST FOR RECOGNITION OF A PREVIOUS UNIVERSITY CAREER

I. THE UNDERSIGNED

Sumame	Name
Date and place of birth:	
Address	
pre – enrolled for the Academic Year	in the degree program

being

- aware of the criminal and administrative responsibilities regarding this declaration as indicated in art . 76 of Presidential Decree no. 445 of 28 December 2000;
- aware that it is illegal to present untruthful declarations, to produce or use false documents. Such conduct complements the criminal offenses provided for in Articles 482, 485, 489, 495, 496 of the penal code;
- aware that the presentation of data which is no longer valid is, to all intents and purposes, the equivalent of making a false declaration;
- aware that positions acquired through the aforementioned acts or false or misleading declarations will be

nullified retroactively from the presentation of the request and any taxes paid will not be refunded.

DECLARE

(Pursuant to art . 1 of Law 15 May 1997, no. 127, as well as to Articles 46, 47, 48 and 76 of Presidential Decree 28 December 2000, no 445)

to hold a bachelor / master degree in..... attained at the University of...... on date..... To have renounced to university career in the degree а program of..... University ofat theonlast academic year of enrolment To have lost enrolment status in the degree program ofat the University ofin academic year. Last academic year of enrolment

То	have	submitted	а	transfer	application	to	our	university,	from	the	University	of
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р		1 / 1									,	
Prev	nous en:	rolments (ple	ase s	specify belo	ow the degree	progr	am , th	ne academic y	ear and	the co	urse year)	
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Toł	nave ma	de other prev	vious	enrolmen	ts in addition (to the	above	e (please speci	fy below	v the U	Jniversity, the	Ś
		ram, the year						<i>и</i> 1	5		<u>,</u>	

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FURTHERMORE DECLARE THAT I HAVE PASSED THE FOLLOWING EXAMS AND THEREFORE REQUEST THE RECOGNITION AND VALIDATION OF THE SOLE ACTIVITIES LISTED BELOW

Name of the exam	AA*	Date**	A.Y.***	Grade	Credits

*Academic Area ** date of passing the exam ** Academic Year when the exam was passed

Please be informed that, in order to obtain a proper evaluation and possible validation of the exams, you must submit to the Student Services Office the course programs. Please note that it is not possible to request further validation for exams taken in a previous university career once this application has been submitted.

Pursuant to Legislative Decree n. 196/2003 defining the personal data protection code and the General Data Protection Regulation - EU Regulation 2016/679 aboout the information on the processing of personal data is published on the University website at the following link <u>https://www.uninsubria.it/protezione-dati-personali</u>

Date.....

Signature