

2024-2025 ACADEMIC YEAR

I undersigned \_\_\_\_\_

Born on \_\_\_\_\_ in \_\_\_\_\_

Tax code (if available) \_\_\_\_\_

having applied for the following master's degree programme:

\_\_\_\_\_

University e-mail address: \_\_\_\_\_@campus.unimib.it

HEREBY REQUEST

Registration for the University English test

Date \_\_\_\_\_

Signature \_\_\_\_\_

Personal e-mail address: \_\_\_\_\_

**PLEASE NOTE:**

- The date of the test will be notified by the Language Secretariat to the candidate's personal e-mail address.
- Any candidate who, without justification, fails to turn up on the allocated day will not be reconvened.

*Personal data will be processed pursuant to Legislative Decree No. 196 of 2003 (Personal Data Protection Code) and its subsequent amendments and additions, as well as EU Regulation 2016/679 (General Data Protection Regulation). You can view the information notice at the following link: <https://www.unimib.it/servizi/segreteria/informativa-privacy>*