



**REQUEST FOR FURTHER VALIDATION
(for enrolled students only)**

Student registration n°

To the Rector of the University of Milan - Bicocca

I, hereby,

Born in (Student's place of birth) on / / Currently enrolled for

the academic year / in the
FIRST YEAR SECOND YEAR or OUTSIDE
THIRD YEAR TIME STUDENT
of the Degree Course (full name of the

University Study Programme)

having regard to the approval of his/her study plan presented for the academic year /

request

the validation of the following learning activities:

- 1)
- 2)
- 3)
- 4)
- 5)

which have already been passed and registered at the University of in the Degree Course

Milan,
(Date)

.....
(Student signature)

STUDENT'S ADDRESS

Street City/Country

Post code Tel. Mobile contact

Personal data will be processed in accordance with the Legislative Decree 196/2003 (regarding the protection of personal data) and its subsequent amendments and additions, as well as the EU regulation 2016/679 (General Data Protection Regulation). All information is accessible on <http://www.unimib.it/informativa-studenti>

REQUEST FOR FURTHER VALIDATION – RECEIPT

Student registration n°

STUDENT SURNAME **STUDENT FORENAME**

Date