

Università degli Studi di MILANO – BICOCCA

Learning and Students Services Area

I the undersigned

Family name

First name

Born in _____ (_____) on _____

Place

Country

Date of birth (dd/mm/yyyy)

Citizenship _____

Address _____

Postal code _____ City _____ Country _____

Telephone number _____ Mobile phone _____

E-mail _____ @ _____

Use capital letters

Declare that:

I am enrolled in _____

Name of the course

at _____

Name of the University/College

and that I will obtain my degree by 31st of October 2018.

I declare that all above-mentioned information is true.

Date _____

Signature _____

This form, duly filled in and signed, must be uploaded during the application process.