



TO THE RECTOR OF THE UNIVERSITY OF VERONA

I, the undersigned ..... student ID number .....
born in (place) ..... on (date) .....
residing in (full address with postcode)
mobile phone .....
personal email address .....
enrolled at the University of Verona in the Bachelor's/Master's degree programme in (please specify):

REQUEST TO TRANSFER to another university

REQUEST

to transfer to the University of ..... to complete my Bachelor's/Master's degree programme in:

DECLARE

that all completed exams/modules have been duly recorded in my student's academic record (libretto).

that the following completed exams/modules have not yet been recorded in my student's academic record (libretto):

I hereby attach my student ID card/student's academic record (libretto) and, in case of transfer to a limited entry degree programme, a copy of the certificate of admission to the degree issued by the relevant university.

Verona, on ..... Signature\* .....

\*This declaration is not subject to the authentication of the applicant's signature.



**WITHDRAWAL FROM STUDIES**

DECLARE

I wish to withdraw completely from my studies, aware that such decision cannot be reversed and will result in my career as a University of Verona student being terminated.

I hereby attach my student ID card/student's academic record (*libretto*).

Verona, on ..... Signature\* .....

\*This declaration is not subject to the authentication of the applicant's signature.

**SUSPENSION OF STUDIES**

DECLARE

I wish to suspend my studies for the following reason:

enrolment in a PhD programme, specialisation postgraduate programme, or professional master programme in .....  
at the University of .....

serious and prolonged illness, duly certified (\*)

pregnancy (\*\*)

Enrolment in a training course for prospective teachers in pre-school, primary school, or first and second-level secondary school, or for prospective teachers of art, music and ballet in first and second-level secondary school: (please specify) .....  
.....

Verona, on ..... Signature\*\*\* .....

**PLEASE NOTE: if you suspend your studies for a period of less than 6 months, you will still have to pay the full tuition fee for the year.**

**If you suspend your studies for a period longer than 6 months, then you may resume your studies after payment of a fixed fee for each academic year of suspension, in addition to the first instalment of the current academic year.**

(\*) The certificate must be issued by your General Practitioner and must state how long it will take you to recover (*prognosis*), omitting any information about the causes of the illness or the state of your health (*diagnosis*).

(\*\*) Please attach a pregnancy certificate with the expected date of birth, omitting any information about the state of your health.

(\*\*\*) This declaration is not subject to the authentication of the applicant's signature.



**RECOGNITION OF PRIOR LEARNING**

REQUEST

the recognition of credits obtained in the previous degree programme, in which:

I have graduated.

I have withdrawn from studies.

I hereby attach a self-certification, which includes a list of the exams/modules that I have completed, the relevant subject areas (SSD - Scientific-disciplinary Sectors), marks obtained and date when each exam was recorded, along with the corresponding number of CFU (ECTS) gained and - if already a graduate - the full title of the qualification obtained.

I hereby attach a copy of a valid identity document.

**Please note: a fee of €200 will be charged for this request.**

Verona, on .....

Signature\* .....

\*This declaration is not subject to the authentication of the applicant's signature.

**REQUESTING A NEW STUDENT ID CARD**

**Substitutive declaration of certification and/or affidavit**

(pursuant to Presidential Decree no. 445 of 28 December 2000)

I, the undersigned .....

aware of the criminal sanctions with regard to false or misleading statements and the creation or use of false documents, as referred to in Art. 76 of Presidential Decree no. 445 of 28 December 2000,

DECLARE

that my original Student ID card was:

lost\*       destroyed       damaged       stolen\*

Therefore  
REQUEST

that a new Student ID card be provided to me.

I hereby attach a copy of a valid identity document.

Verona, on .....

Signature\*\* .....

\* Please attach a copy of the police report.

\*\* This declaration is not subject to the authentication of the applicant's signature.



**RESUMING STUDIES**

DECLARE

I wish to resume the studies that I had previously suspended.

Verona, on .....

Signature\* .....

\*This declaration is not subject to the authentication of the applicant's signature.