
**MARCA
BOLLO**
€ 16,00

The Rector
University of Verona
Via dell'Artigliere, 8
37129 Verona

I, (name) _____

Born on / / in _____

Nationality _____

Address _____

Phone number _____ Email address _____

REQUEST
Recognition of foreign academic qualification

issued by the University of _____

be equivalent to the following Bachelor/Master's degree issued by the University of Verona:

Date _____

Signature _____

Attachments:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____