



UNIVERSITY OF GUGLIELMO MARCONI STUDIES

INTERNAL TRANSFER TO THE RECTOR MAGNIFICO

I, the undersigned _____
born _____ Prov. _____
On _____ residing at _____
Prov. _____ Ptotal code _____ in Street/Zip _____
_____ tel/cell _____ Email address _____
_____ enrolled for the academic year _____ of the
course in _____
with Student ID n° _____

Asks

The transfer and simultaneous enrollment for the academic year _____ to the course in _____
of this University.

Asks

Finally, to be admitted to sit the examinations and tests provided for in the respective study plan and in accordance with the rules laid down by the Faculty.

The undersigned is aware that the simultaneous enrollment in different universities (Italian or foreign) and in different institutes of higher education, faculties or schools is prohibited; therefore, if during the course of studies he/she intends to enroll in another university course, he/she must submit a declaration of withdrawal from the studies undertaken, an application to transfer to another university or to transfer to a different course.

Rome there,

(Student signature)

ATTACHMENTS

- Receipt of payment for transfer fee to another course € 70.00

"The Data Controller is the University of Guglielmo Marconi Telematica . More detailed information on the use of personal data and the exercise of rights ex art. 7 in the information ex. Art. 13 of Legislative Decree 196/03 also available on the website www.unimarconi.it

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