

Student number

Imposta di bollo assolta
in modo virtuale
Autorizz. Ag. Entrate
Marche n. 30198 del
08.10.2021



I undersigned (surname, name) _____,
place of birth and date of birth _____,
citizenship _____
residence in Italy (town) _____
address _____,
enrolled in the Academic Year _____ to the (st/nd/rd/th) _____ year
of the Study Course _____,

ASKS FOR

the recognition of the following certificate _____
as free credits.

Privacy policy: <https://www.unicam.it/privacy-policy>

I have read the privacy policy

Camerino, (date) _____

Signature
