UNIVERSITÀ DI PARMA

PLEASE USE CAPITAL LETTERS

A/41 FORM

SINGLE COURSE UNIT APPLICATION

To the Rector
of the University of Parma

I, the undersigned, Mr/Ms…………………………………………………………………………………………………...........
(surname)   *(first name)*

born in ……………………………………………………………………………….on (date) ………………………………..
(municipality)   *(province)*

tax file number…………………………………………………………….nationality……………………………………………………...

permanent address ………………………………………………………….street……………………………………………….. no…..
(municipality)   *(province)*

post code...................tel. no…........./...................mobile no………………………..e-mail……………………………………………

currently residing in……………………………………………………….street…………………………………………….. no…......
(municipality)   *(province)*

post code...................tel. no…........./...................mobile no………………………..e-mail……………...............………………………

holding a degree in……………………………………………………………………….. grade point average………………….

university obtained from…………………………………………………………………., conferred on (date)……………………….

request

to be enrolled in the academic year ....…for exams in the following subjects:

1. ………..
2. ………..
3. ………..
4. ………..
5. ………..
6. ………..

- The payment form for enrolment and tuition fees **must be collected from the relevant Student Administration Office.**
- **N.B.** enrolment fees for single course units **are non-refundable**.

To this end, please find attached:

□ photocopy of tax file number
□ photocopy of identity card
□ receipt of payment of university fees

Parma, ………………........   ……..
(date)   *(signature)*

www.unipr.it

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SINGLE COURSE UNIT APPLICATION

The Rector
Parma University

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tax file number……………………………………………………………….nationality…………………………………………...

permanent address ………………………………………………………street…………………………………………….. no…..
                                            (municipality)   *(province)*

post code....................tel. no…........./....................mobile no………………………..e-mail………….....................................……

currently residing in……………………………………………………….street…………………………………………….. no….….
                                      (municipality)   *(province)*

post code....................tel. no…........./....................mobile no………………………..e-mail………….....................…….………

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