

DOMANDA PER ESPOSTO

Student code n°

□ To the Rector	of the Universi	ity of Mila	n - Bicocca	
□ To the Gestion	ne Carriere Sec	retariat O	ffice	
□ To				
I, hereby, (Student full	name)			
Born in (Student's place	ce of birth)			
On (Student's date of I	birth)	Currently enrolled for the academic year/		
in the FIRST YEAR	SECOND YEAR	THIRD YEAR	OUTSIDE PRESCRIBED TIME STUDENT	of the Degree Course (full name of the
University Study Progr	ramme)			
		RE	EQUEST	
Miles (Dele)				
Milan, (Date)				(signature)
Tel	E-mail		(enter tl	@campus.unimib.it ne user name utilised for accessing online services)
Personal data will be proces amendments and additions, http://www.unimib.it/informa	as well as the EU regu	the Legislative lation 2016/679	Decree 196/2003 (reg	arding the protection of personal data) and its subsequent ion Regulation). All information is accessible on
(OFFIC	CE ONLY) DON	IANDA PE	R ESPOSTO (CONFIRMATION RECEIPT
Student code n°		Surname		Name
Date				