

2023-2024 ACADEMIC YEAR

I undersigned _____

Born on _____ in _____

Fiscal code _____

having applied for the following Master's Degree program:

University account: _____@campus.unimib.it

HEREBY REQUEST

Registration for the University English test

Date _____

Signature _____

Personal e-mail address: _____

PLEASE NOTE:

- The test must be taken on the date notified by the Language Secretariat (Segreteria Lingue).
- In the event of a test failure, it will only be possible to retake the examination once, a new call for the first available date will be sent automatically.
- A student who does not turn up on the expected day without justification will not be reconvened.