

UNIVERSITA' DEGLI STUDI DI PAVIA

TO THE UNIVERSITY CHANCELLOR

REQUEST FOR CURRICULAR REQUIREMENTS EVALUATION

THE UNDERSIGNED

GIVEN NAME _____ FAMILY NAME _____

PLACE OF BIRTH _____ DATE OF BIRTH ___/___/___

PLACE OF RESIDENCE _____

PHONE _____ MOBILE _____

E-MAIL _____

NOT YET GRADUATED GRADUATED

BS DEGREE IN _____

MS DEGREE IN _____

requires that her/his curricular requirements be evaluated for admission to the

Master's Program in _____

DATE ___/___/___ SIGNATURE _____

Attachments:

a copy (front and back) of a valid photo ID;

the receipt of the payment for the assessment procedure; the payment (35 Euros) should be made by bank transfer to UNIVERSITA' DEGLI STUDI DI PAVIA - SERVIZIO TESORERIA; the bank name is: UBI - BANCA; please include all of the following bank codes:

IBAN : IT38H031111300000000046566

SWIFT: BLOPIT 22776

BIC: POCIITM1XXX

a degree certification with a list of the taken exams issued by the university where the degree was awarded, translated into Italian or English;

the excel form with the list of exams, grade and CFU available on the web site (<http://eecs.unipv.it/data/documents/Transcript.xls>).

This request, together with the required documentation, should be sent to Alessandra Bianchi (alessandra.bianchi@unipv.it).

The undersigned agrees to the use of the supplied personal data, in compliance with the Italian Legislative Decree no. 196/2003, for the sole purpose of carrying out the procedure for which this request is presented.

SIGNATURE _____