

DEPARTMENT FOR STUDENTS AND POSTGRADUATE EDUCATION  
STUDENT SECRETARIAT

REQUEST FOR GRADUATES TO SIT INDIVIDUAL EXAMS  
(ART. 28, UNIVERSITY TEACHING REGULATION)

*FOR THE ATTENTION OF THE RECTOR*

I,.....  
born in.....date of birth.....  
tax code number .....Citizenship: Italian Other  
resident in.....postcode.....  
address.....landline telephone number.....  
mobile.....email.....  
graduated in.....  
matriculation number.....attained from the University.....  
in year.....with a final mark of...../110

REQUEST

for the academic year.....to sit the exam(s) indicated below in the specified  
study programme(s), for a maximum of 30 credits

EXAMINATION SECTOR	CREDITS	EXAMINATION TITLE	STUDY PROGRAMME

I authorise my DATA to be used (law no. 675/96 on the protection of personal data): YES  NO

**I attach payment receipt of €210.00 (motive SB) paid into bank account no. 8706-University of Bari.**

**I declare I am aware of the provisions in art. 26, of law no. 15 of 04/01/1968 on criminal liability in case of false statements, and of para. 3, art. 11, of Presidential Decree no. 403 of 20/10/1998.**

**Bari, date.....**

**Student's signature.....**

**REQUIRED ATTACHMENTS:**

- 2 identical passport-size photos
- 2 revenue stamps
- form for authenticating the photo
- photocopy of valid ID
- self-certification which contains the following:
  - date of graduation and mark
  - examinations passed with mark, date of examination, and credits
  - subject area