



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO

Revenue stamp of
current value
(it. "Marca da
bollo")

DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI
SEZIONE SEGRETERIE STUDENTI

APPLICATION FOR ENROLLMENT IN SINGLE COURSES FOR DEGREE HOLDERS
(ART.34 RAD – UNIVERSITY ACADEMIC REGULATIONS)

TO THE UNIVERSITY RECTOR

Subject: Enrollment in Single Courses for Degree Holders – Student Administration Office*: _____

The Undersigned,
First and Last Name: _____ Place and Date of Birth: _____

Italian Tax Code: _____ Citizenship (Italian/Other): _____

City of Residence: _____ Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Holder of a Degree in: _____ Student ID Number: _____

Awarded by The University of: _____ Year of Graduation: _____

Final Grade: _____

HEREBY REQUESTS

for the academic year _____ to take the following single exam(s) within the degree programme(s) listed below, for the acquisition of a maximum of 30 CFU (ECTS credits).

SSD (Scientific- Disciplinary Sector)	CFU (ECTS)	EXAM NAME	DEGREE PROGRAMME (Enter the full name of the degree programme)

I hereby declare that I have read the privacy notice available at <https://www.uniba.it/it/ateneo/privacy/informative/info-cookie-e-sito> and that, in accordance with Articles 13 and 14 of EU Regulation 2016/679, I consent to the processing of my personal data by this University for institutional purposes as provided by law.

YES NO
 YES NO

I also consent to the University sending institutional communications to my mobile and/or landline phone number.

Fixed enrollment fee	€ 163,30
No. of CFU (ECTS) requested _____ X € 14,36 each.	+ €
Fee reduction due to exemption (pursuant to Art. 13 of the Student Fees Regulations, academic year 2025/26)	- €
Late enrollment fee (if applicable)	+ € 50,00
Total	€

Students with disabilities or impairments are exempt from fees in accordance with Art. 13 of the Student Fees Regulations for the 2025/26 academic year, available on the University website (www.uniba.it).

Bari, _____
(date)

Signature _____

TO BE ATTACHED:

- One revenue stamp of current value ("marca da bollo")
- Copy of a valid identity document.
- Self-declaration of high school diploma, specifying the diploma title, date of completion, final grade, and the name and location of the school.
- Self-declaration of university degree, specifying the date of graduation, final grade, and the name of the awarding university. For graduates from other universities, it must also include a list of exams taken with grades, date, ECTS credits, and scientific-disciplinary sector.

* Do not indicate the degree programme and/or Student Administration Office name using an acronym.



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO

DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI

APPLICATION FOR LATE ENROLLMENT / LATE ANNUAL REGISTRATION

The Undersigned

Last Name _____ First Name _____

Place of Birth _____ Date of Birth _____ Italian Tax Code _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ University Email Address _____

Student ID Number _____ Academic Year _____

Year of Study _____ Within Standard Duration Beyond Standard Duration

Degree Programme _____ Class _____

(do not indicate the degree programme using an acronym)

HEREBY REQUESTS

in accordance with the provisions of Art. 2 of Royal Decree No. 1269/1938 and Article 3.1 of the current Student Fees Regulation, late enrolment/registration in the following degree programme:

_____ for the academic year ____/____ year of study ____

The Undersigned also declares that the delay in submitting the application is due to the following reason:

The Undersigned further declares to be aware of the penalties provided for under the Italian Criminal Code and Presidential Decree No. 445 of 28 December 2000, in cases of false statements.

Bari, _____
(date)

Signature _____

Hereby authorized by
The Director

Bari, _____



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO

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of current value
(it. "Marca da bollo")

DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI
SEZIONE SEGRETERIE STUDENTI

APPLICATION FORM FOR TEMPORARY SUSPENSION OF STUDIES
DEGREE PROGRAMME OF ENROLLMENT*: _____

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Student ID Number

TO THE UNIVERSITY RECTOR

The Undersigned

Last Name _____ First Name _____

Born in _____ Province _____ On _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ University Email Address _____
(mandatory)

Enrolled in the Degree Programme* in _____ Class _____

Department _____ Year of Study _____ Academic Year _____

REQUESTS

a temporary suspension of studies for the academic year _____ in accordance with Art. 27 of the Regolamento Didattico di Ateneo (RAD; University Academic Regulations) and subsequent amendments, for the following reason: _____

PROCESSING OF PERSONAL DATA:

I hereby declare that I have read the privacy notice available at <https://www.uniba.it/ateneo/privacy>

Pursuant to Articles 13 and 14 of EU Regulation 2016/679, I give my consent to the processing of my personal data by this University for the institutional purposes provided by law.

YES

NO

I also authorize the University to send communications for institutional purposes to my mobile and/or landline phone number:

YES

NO

Bari, _____

(signature)

* Do not indicate the degree programme using an acronym.

** Issued by Rectoral Decree No. 4318 of November 12, 2013, adapted to the new University Statute, and amended by Rectoral Decrees No. 3962 of November 19, 2015, and No. 430 of February 22, 2016.

- Failure to complete all sections of the application will result in its invalidation.

- Please note: It is necessary to attach a photocopy of the applicant's identity document and any other appropriate documentation justifying the reason for the temporary suspension (Art. 27 of the RAD).



DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI

**CERTIFICATE REQUEST FORM
FOR CERTIFICATES ISSUED ON STAMPED PAPER**

The Undersigned

Last Name		First Name	
Born in	Province	On	
Address			
City	Province	Postal Code	
Phone Number		University Email Address	
Student ID Number			
<input type="checkbox"/> Enrolled in the Degree Programme in _____			
<input type="checkbox"/> Graduated from the Degree Programme in _____			

requests the following certificate/certificates on stamped paper:

TYPE OF CERTIFICATE	nr of copies	in English
Iscrizione Certificate of Enrollment		
Certificate of Enrollment with Transcript of Records		
Certificate of Enrollment with Transcript of Records (without grades)		
Certificate of Enrollment with Study Plan		
Certificate of Withdrawal from Studies		
Certificate of Withdrawal from Studies with Transcript of Records		
Degree Certificate with Transcript of Records		
Degree Certificate with Thesis Title		
Degree Certificate with Graduation Grade		
Degree Certificate with Graduation Grade, Transcript of Records and Thesis Title		
Degree Certificate with Graduation Grade and Transcript of Records (without grades)		
Enrollment History		
Diploma Supplement		

For Use Abroad

Bari, _____

(signature)

NOTES:

- 1) A €16 revenue stamp must be affixed to this form.
- 2) A €16 revenue stamp must be affixed to each certificate; if the certificate consists of multiple pages, one revenue stamp will be required for every four sides
- 3) For the issuance of degree certificates and withdrawal certificates, the applicant must pay an additional fee of €5 via the PAGOPA system.
- 4) For the issuance of certificates in English, the applicant must pay an additional fee of €15 via the PAGOPA system.
- 5) The applicant must attach a copy of an identity document.
- 6) If the applicant authorizes a third party to act on their behalf, a written authorization must be attached to this form, together with copies of the identity documents of both the person authorized and the applicant.



DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI

**CERTIFICATE REQUEST FORM
FOR CERTIFICATES ISSUED ON UNSTAMPED PAPER**

Last Name _____ First Name _____

Born in _____ Province _____ On _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ University Email Address _____

Student ID Number _____

Enrolled in the Degree Programme in _____

Graduated from the Degree Programme in _____

requests the following certificate/certificates on unstamped paper:

TYPE OF CERTIFICATE	nr of copies	in English
Certificate of Enrollment		
Certificate of Enrollment with Transcript of Records		
Certificate of Enrollment with Transcript of Records (without grades)		
Certificate of Enrollment with Study Plan		
Certificate of Withdrawal from Studies		
Certificate of Withdrawal from Studies with Transcript of Records		
Degree Certificate with Transcript of Records		
Degree Certificate with Thesis Title		
Degree Certificate with Graduation Grade		
Degree Certificate with Graduation Grade, Transcript of Records and Thesis Title		
Degree Certificate with Graduation Grade and Transcript of Records (without grades)		
Enrollment History		
Diploma Supplement		

For Use Abroad

Specify the use and the legal provision that provides for the exemption from stamp duty (D.P.R. 26/10/1972 n. 642 and subsequent modifications/amendments and supplements): Use: _____ Art: _____

Bari, _____

(signature)

- NOTES:**
- 1) For the issuance of degree certificates and withdrawal certificates, the applicant must pay an additional fee of €5 via the PAGOPA system.
 - 2) For the issuance of certificates in English, the applicant must pay an additional fee of €15 via the PAGOPA system.
 - 3) The applicant must attach a copy of an identity document.
 - 4) If the applicant authorizes a third party to act on their behalf, a written authorization must be attached to this form, together with copies of the identity documents of both the person authorized and the applicant.

DECLARATION IN LIEU OF CERTIFICATION – DUAL ENROLLMENT

Law 33/2022 (Presidential Decree 28.12.2000 No. 445 and Ministerial Decree No. 930 of 29/07/2022)

The Undersigned	
Date of Birth	
Place of Birth	
Italian Tax Code (if available)	

➤ **CONTACT DETAILS:**

Address		No.
City		Postal Code
Phone Number		
Email and/or PEC		

➤ **RESERVED FOR NON-EU STUDENTS:**

Type of residence permit	
Valid until	

- In accordance with Law No. 33 of 12 April 2022, "Provisions on simultaneous enrollment in two higher education programmes";

- In accordance with Article 6 of Ministerial Decree No. 930 of 29 July 2022, implementing Article 4, paragraph 1, of Law No. 33 of 12 April 2022;

- Whereas the applicant intends to enroll at the University of Bari "Aldo Moro" for the academic year 2025-2026 in the following degree programme: _____;

- Aware that false declarations, falsification of documents, and the use of false documents are punishable under Articles 75 and 76 of Presidential Decree No. 445 of 28 December 2000, and may also result in the application of administrative sanctions by the University,

HEREBY DECLARES

to be currently enrolled in the degree programme: _____

at the University of _____

Country: _____ Student ID Number: _____.

[RESERVED FOR APPLICANTS NOT CURRENTLY ENROLLED AT ANY UNIVERSITY] not to be enrolled in any degree programme at this or any other university and to intend to simultaneously enroll for the academic year 2025/2026 in the following degree programmes:

- Degree programme: _____ Degree class: _____
at the University of Bari Aldo Moro;
- Degree programme: _____ Degree class: _____
at the University of _____;

Selecting the following as their primary degree programme for purposes related to the Right to Higher Education: _____.

- that the degree programme in which they are already enrolled:

- requires mandatory attendance;
- does not require mandatory attendance;
- requires mandatory attendance only for laboratory activities and internships;

- that they undertake to submit the self-declaration, in accordance with Article 6, paragraph 1, of Ministerial Decree No. 930 of 29 July 2022, also at the University where they are currently enrolled.

The undersigned further declares to be aware that the University of Bari will accept the applications, subject to their evaluation in accordance with Law No. 33 of 12 April 2022, "Provisions on simultaneous enrolment in two higher education programmes," the implementing decrees currently being adopted, and the applicable procedures and deadlines.

ATTACHMENTS:

1. Copy of the following Identity Document: _____
Issued by: _____
Date of Issue: _____
Number: _____
Valid Until: _____.
2. Copy of the study plan for the degree programme in which the applicant is currently enrolled.

Date _____

Signature _____



**UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO**

DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI

**GRADUATION APPLICATION FORM
TO BE USED ONLY FOR LATE SUBMISSIONS**

First-time Application **Reapplication**

I, the undersigned,

Last Name: _____ First Name: _____

Place of Birth: _____ Date of Birth: _____ Italian Tax Code: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ University Email Address: _____

Student ID Number: _____ Academic Year: _____ Year of Study: _____

Degree Programme: _____ Class: _____

(do not indicate the degree programme using an acronym)

HEREBY REQUEST

in accordance with the provisions of the current Student Fees Regulations, to be admitted to the graduation examination for the graduation session/term _____ of the academic year _____ for the following reason: _____

Thesis in: _____

(Specify the course associated with the thesis and/or the corresponding Scientific-Disciplinary Sector)

Thesis Supervisor: _____

PROCESSING OF PERSONAL DATA:

I hereby declare that I have read the privacy notice available at <https://www.uniba.it/ateneo/privacy>

Pursuant to Articles 13 and 14 of EU Regulation 2016/679, I give my consent to the processing of my personal data by this University for the institutional purposes provided by law.

YES

NO

I also authorize the University to send communications for institutional purposes to my mobile and/or landline phone number:

YES

NO

Bari, _____

Applicant's Signature

Note: Attach a copy of a valid official identity document and, if available, a copy of the Italian Tax Code Card.



DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI
SEZIONE SEGRETERIE STUDENTI

SUBJECT: Request for Correction of Enrollment/Annual Registration Application
Degree Programme of Enrollment*: _____

TO THE UNIVERSITY RECTOR
Università degli Studi Aldo Moro
Bari

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Student ID Number

The Undersigned

Last Name _____ First Name _____

Born in _____ Province _____ On _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ University Email Address _____

Enrolled in the Degree Programme* in _____

Department _____ Year of Study _____ Academic Year _____

HEREBY REQUESTS

a correction of their online enrollment/annual registration application for the current academic year
for the following reason:

a) *Incorrect choice of degree programme:* _____

For students enrolled in the academic year _____, please indicate the correct choice below:

b) *Authorisation for the acquisition of the ISEE data from the INPS database:*

I authorise the University of Bari Aldo Moro to retrieve the I.S.E.E. (Equivalent Economic Situation Indicator for university study benefits) data from the INPS database

or

I hereby attach the I.S.E.E. certificate due to the expiry of the submission deadline

c) Other _____

Bari, _____

Signature _____

Note: This form and the attached documentation must be sent to the email address of the student office responsible for the degree programme.

***Do not indicate the degree programme using acronyms.**

The application will be considered invalid if all fields are not completed.



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bollo")

**DIREZIONE OFFERTA FORMATIVA E SERVIZI AGLI STUDENTI
SEZIONE SEGRETERIE STUDENTI**

REQUEST FOR REGISTRATION IN ELECTIVE/ADDITIONAL COURSES FROM STUDENT'S OR OTHER DEGREE PROGRAMME – STUDENT'S DEGREE PROGRAMME*: _____

--	--	--	--	--	--	--	--

Student ID Number

TO THE UNIVERSITY RECTOR

The Undersigned,

Last and First Name _____ Place of Birth _____

Date of Birth _____ City of Residence _____

Address _____ No. _____ Postal Code _____ Phone Number _____

University Email Address _____
(required)

Enrolled in the Degree Programme in _____

Degree Class _____ Department _____

Year of Study _____ Academic Year _____

HEREBY REQUESTS

in accordance with Art. 6 of R.D. No. 1269 of 1938 and Art. 29, paragraph 2 of the RAD (University Academic Regulations), registration in the following elective/additional course(s):

SSD**	ECTS (CFU)	NAME OF THE EXAM	GRADED/ NON-GRADED	DEGREE PROGRAMME* AND DEPARTMENT

The undersigned also acknowledges that the grades obtained from the elective/additional exams are excluded from the calculation of the overall grade average, as these exams are not part of the study plan, and that their registration in the academic transcript will take place only after approval by the designated academic board.

Bari, _____
(date)

Signature _____

* Do not indicate the degree programme using an acronym.

** Scientific-Disciplinary Sector.

Failure to complete all sections of the application will result in its invalidation

Note: A copy of the applicant's identity document must be attached.



SELF-CERTIFICATION - DECLARATION IN LIEU OF CERTIFICATION

(Pursuant to Articles 46 et seq. of Presidential Decree No. 445 of 28 December 2000, as subsequently amended and supplemented)

I, THE UNDERSIGNED,

Last Name and First Name _____ Place and Date of Birth _____
Address _____ Postal Code _____
Phone Number _____ Email _____
Pre-enrolled in the Degree Programme in _____
Department of _____ A.Y. 2025/2026,

Being fully aware that, according to Article 76 of Presidential Decree No. 445 of 28 December 2000, false declarations, falsity in public acts, and any use of false documents are subject to criminal penalties, for the purposes of finalizing the enrollment under the PA 110L Protocol,

HEREBY DECLARE

- **Public Administration of Employment** _____
- **Employee ID number and/or Identification Code:** _____
- **Position** *(tick the relevant box):*
 - Director-General
 - Director/Senior Manager
 - Officer
 - Employee
 - Other Position
- **Public Administration Office of Employment:** _____
- **Office Address and Telephone Number:** _____
- **Type of Public Administration of Employment** *(tick the relevant box and specify the name of the Administration):*
 - Agencies
 - Healthcare Administrations, Companies and Institutions
 - Independent Authorities
 - Research Institutions
 - Non-economic Public Entities
 - Constitutional and Constitutionally Relevant Bodies
 - Presidency of the Council of Ministers and Ministries
 - Provinces, Metropolitan Areas, Municipalities, Unions of Municipalities, Mountain Communities
 - Regions and Autonomous Provinces
 - Schools of All Levels
 - Universities
 - Other Institutions _____
- **Type of contract:** *(tick the relevant box):*
 - Fixed-term Contract — Contract end date (dd/mm/yyyy): _____
 - Permanent Contract

I hereby declare that I have read the privacy notice available at <https://www.uniba.it/it/ateneo/privacy> pursuant to Articles 13 and 14 of EU Regulation 2016/679 and the Italian Legislative Decree 30 June 2003, no. 196, "Code regarding the Protection of Personal Data", as amended and implemented in accordance with Regulation (EU) 2016/679, adopted by this University by Rectoral Decree no. 1587 of 13.03.2019, and I give my consent to the processing of my personal data by the University for the institutional purposes provided by law.

Bari, _____

Signature _____

TO THE UNIVERSITY RECTOR

TUITION FEE EXEMPTION APPLICATION
A. Y. 2025/2026

Pursuant to Article 6 of the Regolamento sulla contribuzione studentesca (Student Fees Regulations)

DEGREE PROGRAMME: _____

STUDENT ID Number

--	--	--	--	--	--	--	--	--	--

I, the undersigned:

Last Name _____ First Name _____

Place of Birth _____ Province _____ Date of Birth _____ Italian Tax Code _____

Address _____ No. _____ City _____ Province _____

Postal Code _____ Telephone/Mobile _____ University E-mail Address _____

Enrolled in the _____ year of the Degree Programme in _____

HEREBY REQUEST

to benefit from one of the following tuition fee exemptions, in accordance with the provisions of the current Student Fees Regulations:

- Full exemption for disability or invalidity $\geq 66\%$ (Article 6.1, Section A)
- Exemption for maternity – for children born during the relevant academic year (Article 6.1, Section G)
- Exemption for dependents of disability pension recipients with an ISEE not exceeding € 4,000.00 (Article 6.1, Section E)
- Exemption for beneficiaries of Law No. 302 of 20 October 1990 and subsequent amendments (legal provisions for victims of terrorism and organized crime) (article 6.1, section F)
- Other (please specify): _____
- Partial exemption for disability 45%–65% (Article 6.2, Section A)
- Partial exemption for students with a family member enrolled at UNIBA (Article 6.2, Section D)
- Partial exemption for employees or children of employees of partner institutions (Article 6.2, Section G)
- Partial exemption for employees, or spouse/partner/children of UNIBA employees (Article 6.2, Section F)
- Partial exemption for working students with ISEE below € 26,000.00 (Article 6.2, Section E)

DECLARATIONS

The undersigned declares:

- To have read and understood the provisions of the current Student Fees Regulations, available at: <https://www.uniba.it/it/ateneo/statuto-regolamenti/studenti/regolamenti-sulla-contribuzione-studentesca/regolamento-contribuzione-studentesca-2025-2026.pdf/view>
- To be aware that, pursuant to Art. 6.0 of the current Student Fees Regulations, full and partial exemptions cannot be combined. If multiple exemptions apply, the most favorable one will be granted automatically. Applications must be submitted at the time of enrolment/registration and no later than 30 September 2026. Applications submitted after this deadline will not be accepted.
- To acknowledge the provisions of Law 12 April 2022 no. 33 concerning simultaneous enrollment in two higher education programs.
- To be aware of the legal consequences under the Italian Penal Code and Presidential Decree no. 445 of 28/12/2000 in case of false declarations.

Date _____

Applicant's Signature _____

DOCUMENTS TO BE ATTACHED

- Copy of a valid official identity document and copy of the Italian Tax Code Card (if available);
- Documents supporting the requested exemption.

Please note – For students with disabilities and/or specific learning disorders (DSA): The request will be processed following verification of the documentation uploaded to the ESSE3 profile by the U.O. Studenti Diversamente Abili (Office for Students with Disabilities).