



PRE-APPLICATION FOR CHANGING DEGREE PROGRAMS

TO THE MAGNIFICENT RECTOR

Mr. /Ms. _____ identification number _____
born in (Country) _____ (City) _____ date of
birth (d/m/y) _____ telephone _____ e-mail
_____ actually enrolled at the Degree Course in
major _____

REQUESTS

the possibility of obtaining the Course Transfer for the Degree Course in _____
major _____
of the University Luiss Guido Carli.

Attachement:

- A front/back copy of the identity document.

I also declare, pursuant to D.P.R.28/12/2000, n.445, that the declared data correspond to the truth.

Date _____

Declarant's Signature _____