



UNIVERSITÀ DEGLI STUDI DI MILANO

Revenue stamp (marca da bollo) €.16,00 (to be provided by the student)

REQUEST TO TRANSFER FROM ANOTHER UNIVERSITY POSTGRADUATE SCHOOLS

TO THE COUNCIL OF THE POSTGRADUATE SCHOOL IN _____ OF THE UNIVERSITY OF MILAN

I, the undersigned (Surname) _____ (Name) _____ born in _____ on _____ address _____ city _____ ZIP code _____ country _____ telephone no. _____ mobile phone no. _____ enrolled in the _____ year of the Postgraduate school in _____ at the University of _____

ASK

To be transferred, for the academic year. 20_____/20_____ to the _____ year of the same Postgraduate school for the following reason:

I also declare:

- To have passed the following exams (please indicate grade and date): _____
- To be in possession of the specialization contract ("contratto di formazione specialistica". For Medicine and Surgery graduates only. Please specify the Institution _____)
- To attach the authorization ("nulla osta") from the home University.

Milano, ____/____/_____

Signature _____ (readable signature in full)