



**TRANSFER TO OTHER UNIVERSITY**

**POSTGRADUATE SCHOOL**

TO THE COUNCIL OF THE POSTGRADUATE SCHOOL IN:

\_\_\_\_\_ of the University of Milan

I, the undersigned

Surname \_\_\_\_\_ Name \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
permanent address in \_\_\_\_\_ Street/Square \_\_\_\_\_  
Zip Code \_\_\_\_\_  
tel \_\_\_\_\_ e-mail \_\_\_\_\_  
enrolled in the \_\_\_\_\_ year of course of the Postgraduate School in \_\_\_\_\_  
Holding the contract of specialized training depending upon  MINISTRY OF EDUCATION  REGION

**REQUEST THE TRANSFER**

**TO THE UNIVERSITY** \_\_\_\_\_

in \_\_\_\_\_

for the academic year 20\_\_\_\_/20\_\_\_\_ and the \_\_\_\_\_ year of course of the same Postgraduate School, for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS TO THE REQUEST:

- Official Authorization (NULLA OSTA) of the receiving University
- Copy of the payment receipt of the €75 transfer fee

Milan, \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

(Readable and in full)