



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Stamp duty
NOT due

APPLICATION FOR ADDITIONAL TIME (LOSS OF STUDENT STATUS)

To the Administration Office of _____

The undersigned _____ Student registration no. _____

enrolled in the degree programme in _____.

of the Alma Mater Studiorum - University of Bologna, having become aware of the term **for losing student status**, pursuant to art. 19 of the University of Bologna Student Regulations,

ASKS

to be allocated **additional time** to complete the student's training due to disability, insofar as:

- the student has a legal disability rating of 66% or higher
- the student is disabled in accordance with Italian Law 104/92
- the student has specific learning disorders (SLD)

Date _____

Student's signature¹ _____

¹ The student must sign at the Office in front of the receiving clerk (if sent by post, a photocopy of the signatory's identity document must be attached). Art. 38 paragraph 3 D.P.R. no. 445/2000.



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UNIVERSITÀ DI BOLOGNA

To be filled in by the Office and returned to the Student

Receipt for the application for additional time (loss of student status)

Mr./Ms _____ Student registration no. _____

for the degree programme in _____

The procedure begins on the date of receipt of the request and will be completed within **45** days (Regulation on administrative procedures, R.D. no. 541/152 of 29/12/97, as amended by R.D. no. 807 of 02/07/2010).

In the event of the procedure not being concluded within the time period indicated, an appeal may be lodged with the Regional Administrative Court of Emilia Romagna, as prescribed by law.

The person in charge of the procedure is the manager of the Student Administration Office

Street _____ Tel. _____.

The data will be processed in accordance with the policies concerning the processing of personal data published on the web page

<https://www.unibo.it/en/university/privacy-policy-and-legal-notes/privacy-policy/personal-data-processing>

Space for the date stamp to be
applied by the Office.