

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.



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

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

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, Rectoral Decree no. 87/2010 of 02/07/2010, as amended by Rectoral Decree no. 6/2025 of 07/01/2025).

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.