# Request to opt out of a part-time course

To the Administration Office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student registration no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ regularly enrolled at this University in A.Y. \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_, in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_year of the first-cycle degree programme / second-cycle degree programme in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ASKS**

**to waive his/her status as a part-time student and to be reintegrated into the normal term**

**for the following reason:**

* I have finished the two-year period for the current course year.
* I am enrolled in the final year of my degree programme and I want to graduate before the end of the two-year period for the current course year.
* I am enrolled in the first year of the part-time period and I have already acquired all of the credits required by my study plan for my enrollment year.
* The course year I will have to enroll will be deactivated due to the change in the curriculum of the course of study.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student's signature[[1]](#footnote-1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. [↑](#footnote-ref-1)