



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Current stamp
duty

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.

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.



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

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

Receipt for the request to opt out of a part-time course

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 **30** 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.