

Ref.: SGD

Mr. Director

Name/Surname:					
Address:					
		N.		Flat/door	
Town/city:			Postal Code:		
I.D./Passport number:			Phone:		
e-mail:					

STATES (motivation in order to come as a visiting student):

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REQUESTS:

To be accepted as a visiting student during the

- First semester
- Second semester
- Full year

Place _____ date _____ / _____ / _____ (dd/mm/yyyy)

Signature