

RETURN OF DOCUMENTS

**To the Rector
of the University of
Modena and Reggio Emilia**

I, the undersigned _____

born in _____ on ____/____/____

Address _____

City _____ State _____

Country _____ Postal Code _____

mobile phone _____ email _____

- Enrolled/graduated on ____/____/____
- Withdrawn from studies on ____/____/____
- Loss of student status in the Academic Year ____ / ____

in the Degree Programme in _____

REQUEST

The return of original documents presented for the enrolment procedure.

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Modena/Reggio Emilia, ____/____/____

(Signature)

I, the undersigned _____

born in _____ on ____/____/____

DECLARE THAT

The original documents, presented for the enrolment procedure, are returned today.

Modena/Reggio Emilia, ____/____/____

(Signature)