UNIVERSITÀ CATTOLICA del Sacro Cuore

Stamp duty paid virtually
Ministry of Finance
Authorisation no.
V/10/847/95 of 2/6/1995

RECOGNITION APPLICATION FOR CAREER RESUMPTION

to be delivered in person to the Student Services Centre of the relevant campus

To the Magnificent Rector of Università Cattolica del Sacro Cuore, Milan campus

The undersigned _____

Matriculation no. |_|_|_|_|_|_|_| Tax code

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

born in _____ on ___/___/___/

resident in _____ province_____

address_____ postcode _____ tel _____

mobile_____ of the Faculty of_____ Degree programme in_____

REQUESTS

A RECOGNITION TO RESUME THE UNIVERSITY CAREER for the following academic years and undertakes to pay the relevant fees to Università Cattolica del Sacro Cuore
(S.Y.= supplementary year)

A.Y._____	**S.Y.** ☐	**A.Y.**_____	**S.Y.** ☐
A.Y._____	**S.Y.** ☐	**A.Y.**_____	**S.Y.** ☐
A.A._____	**S.Y.** ☐	**A.A.**_____	**S.Y.** ☐
A.A._____	**S.Y.** ☐	**A.A.**_____	**S.Y.** ☐
A.A._____	**S.Y.** ☐	**A.A.**_____	**S.Y.** ☐

for the following reasons:

- ☐ exercise the rights deriving from enrolment (active resumption of university studies)
- ☐ transfer to another study programme at Università Cattolica del Sacro Cuore
- ☐ transfer to another university

NOTES THAT

IN THE EVENT OF CAREER RESUMPTION, IF THE REQUEST FOR RECOGNITION IS NOT FOLLOWED BY RENEWAL OF ENROLMENT FOR THE NEW ACADEMIC YEAR, THIS RECOGNITION CANNOT BE ACTIVATED.

N.B.: Once the recognition fees have been paid, the student must notify the Student Services Centre of the relevant campus.

Date _____ Signature _____