UNIVERSITÀ
CATTOLICA
del Sacro Cuore

| REFUND REQUEST |
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**To the Magnificent Rector of Università Cattolica del Sacro Cuore, Milan campus**

The undersigned _____

Student ID No. |_|_|_|_|_|_|_|          Tax Code |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

born in _____ on ___/___/___/

resident in _____ province_____

address_____ postcode _____ tel _____

mobile_____ Enrolled for the academic year ___/____ in the ____year

☐ currently enrolled☐ supplementary year/repeating

of the Faculty of_____ Degree programme in _____

**REQUESTS**

Refund of: _____

for the following reason:
_____
_____

**DECLARES**

that he/she has not taken advantage of any benefits, services or concessions of any kind, including those relating to tax deductions in his/her tax return, in relation to the amount for which he/she is requesting a refund.

**The refund will be made via:** ☐ Bank transfer

**ACCOUNT HOLDER** for bank transfer:

☐  if the same as the applicant, otherwise:

Surname _____

Name_____

resident in _____ province _____

address_____ postcode _____

Bank_____ Branch _____

Iban_____

CIN ___ ABI _____ CAB_____ C/C_____

☐ Attachment: original payment slip

Date and signature (of the applicant) _____

  THE RECTOR
  Order of the Rector

_____

| Stamp of the secretariat |
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✂ ------------------------------------------------------------------------------------------------

**RECEIPT OF DELIVERY OF TAX REFUND APPLICATION**

| Stamp of the secretariat |
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The student..............................................................

submitted a refund application on .....................

NOTES:

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