



UNIVERSITÀ
DEGLI STUDI
FIRENZE



TO THE RECTOR
of the University of Florence

Student Administration Office

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STUDENT NUMBER

DO NOT APPLY STAMP DUTY

(stamp duty paid virtually. Aut. n.100079 of 11/11/1999 - Direzione Regionale delle Entrate)

APPLICATION FOR REACTIVATION OF CAREER AFTER A PERIOD OF SUSPENSION

THE UNDERSIGNED

surname and name _____ born on _____
 in _____ () country _____ Institutional e-mail address _____
 resident at street/square _____ n. _____ district/locality _____
 municipality _____ () postcode _____ mobile _____
 domicile (indicate only if different from residence) at _____ street/square _____ n. _____
 municipality _____ () C.A.P. _____

REQUESTS for the academic year ____/____

the REACTIVATION OF THE CAREER WITH SIMULTANEOUS ENROLMENT

- having obtained the qualification/completed on _____

OR

- having signed a formal waiver on _____

previously suspended for one of the following reasons:

- ☐ the Master's degree course in _____
 at the University of _____;
- ☐ the Specialisation School in _____
 at the University of _____;
- ☐ the PhD course in _____
 at the University of _____;
- ☐ the Course in _____
 at the Military Academy of _____;
- ☐ the Course in _____
 at the Foreign University of _____;
- ☐ the degree course in Security Law Sciences [Class L-14] (reserved for the Arma dei Carabinieri) at the University of Florence;
- ☐ the specialisation course in supporting education at the University of _____;



☐ the training course for the qualification of “professional socio-pedagogical educator” at the University of _____;

☐ the Course in _____
at the University of _____, enrolment
in which is compulsory under the provisions of the armed forces to which I belong;

☐ the course with at least 60 credits in _____
provided by the University or other universities, schools or higher education institutions with special regulations at _____;

☐ perform voluntary military service or enrol in the Italian military training institute at _____;

☐ perform civil service at _____;

☐ obtain a research grant at _____;

- _____
(date)

- _____
(signature)

Attachments:

☐ proof of payment of the first instalment for the academic year of reactivation;

☐ self-certification or documentation relating to the reason for which the suspension was requested;

POLICY ON THE PROCESSING OF PERSONAL DATA

Data will be processed in accordance with EU Regulation 2016/679 concerning the protection of individuals with regard to the processing of personal data, and D. Leg. 196/2003 and ss.mm.ii. All information regarding the processing carried out and the exercise of the rights of data subjects on the protection of personal data can be found on the University

https://www.unifi.it/sites/default/files/2025-10/informativa_studenti_ott_2025.pdf .

(signature for acknowledgment)