MOD. CS_04

UNIVERSITÀ DEGLI STUDI FIRENZE

HR EXCELLENCE IN RESEARCH

TO THE RECTOR
of the University of Florence

Student Administration Office

STUDENT NUMBER

SINGLE COURSES - DECLARATION OF EXAMS TO BE TAKEN

(for those who have enrolled online)

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 ENROLLMENT IN THE FOLLOWING INDIVIDUAL COURSES:

EXAM CODE	ESAM NAME	CFU	DEGREE PROGRAM CODE

Note : Exam code: e.g. B120274 - CFU = University Credits - Course code: e.g. B274

_____ _____

(data) *(firma)*

Attachments:

● copy of a valid identity document (only necessary if the form is sent via non-institutional email)
● authorization (nulla osta) to enroll in individual courses offered by programmed number courses (issued by the relevant teaching department)

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)