



UNIVERSITÀ
DEGLI STUDI
FIRENZE



TO THE RECTOR
of the University of Florence
Student Administration Office

APPLICATION FOR REFUND OF UNIVERSITY FEES

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. _____

- not enrolled;
- matriculation number | | | | | | | |

REQUESTS

a refund of university fees paid on _____ for a total amount of € _____ for the following reason:

payment by credit to a bank/postal account held in his/her name or jointly, the details of which are as follows:

ACCOUNT HOLDER (the account must be held in the name of/jointly held by the Student/Graduate):

.....

ITALIAN IBAN DETAILS (please write legibly; the character 'zero' must be crossed out 'Ø'):

Name of Bank: _____

Codice Numero CIN ABI CAB NUMERO DI CONTO

Nazione di controllo

| | | | | | | | | | | | | | | | | | | | | | |

[illegible]

Name of Bank: _____

- certificate and receipt for the above payment(s).

(signature)

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

(signature for acknowledgment)