

LUISS



REQUEST TO: _____

I, the undersigned _____
Student Identification No. _____ telephone _____ registered for the _____ year
of the degree program in _____

REQUEST

(if courses must be listed as part of the request, please include the name of the professors and the subject codes)

FOR THE FOLLOWING REASONS

To this end, documentation is attached: YES NO

Please note that students registered outside the prescribed timeframe and students in their final year cannot make any changes to their study plans, except to remove additional courses.

Date _____

Signed _____