



REGISTRATION FOR INDIVIDUAL COURSES

TO THE PROVOST

I, the undersigned _____
born in _____ on _____
registered at / alumnus/a of _____ University in
the _____ Degree program
Phone number _____ Email address: _____

DECLARE

that I would like to enroll in the following individual courses for the _____ academic year.

Course	Professor	Degree course

To that end, I attach: a copy of my passport/identification document; two passport-sized photos (one of which has been authenticated for non-EU students); the certificate of registration/graduation listing the exams I have taken.

Date _____

Signature _____