

Application for academic degree equivalence

16-EURO REVENUE
STAMP

To the Rector of the University of Genoa

I _____ student n° _____
(surname) (name)

citizenship _____ born in (City) _____ Country _____

on (dd/mm/yyyy) _____ currently living in (city) _____ Province _____

at the following address _____ Postal code _____

Tel. N. _____ Mobile phone n. _____

Enrolled for the a.y 20 ____ /20 ____ in the _____ year of the course of study in

Graduated in _____ on (dd/mm/YYYY) _____

HEREBY ASK

the equivalence of the abovementioned degree with the

bachelor

or

master degree

in _____

curriculum _____ :

Please
note

- If the applicant is not enrolled a **100-euro non-refundable payment** is required for the case study.
- If a complete equivalence is not recognised, a partial equivalence can be established in order to allow the applicant to enroll with some exams validated. In case of enrollment, the 100-euro payment will be considered an advance payment on the first installment of University fees.
- For restricted-access courses, equivalence applications will be considered only if the applicant has previously passed the admission test.

AND DECLARE

- To be aware that the application will be assessed by the Course Board and subsequently ratified by the Academic Senate.
- To be aware that, in case of complete equivalence, a further **€ 400,00** contribution will be required (amounting to a total amount of € 500,00) for the issue of the equivalence certificate and/or the validation of the foreign degree.

Genova (date) _____

STUDENT'S SIGNATURE
