

## DIPLOMA SUPPLEMENT APPLICATION FORM

(only for graduates pursuant to Italian M.D. no. 509/99 and no. 270/04)

| To the Rector<br>University of Padua             |  |  |
|--|--|--|
| STUDENT ID                                       | date of degree awarding                              |  |
| I, the undersigned, on living in                 | born in  | Prov.  |
| postcode address<br>no. e-mail                   | tel. no.   | mobile no.                                   |
| graduated with a                                 |  |  |
| Bachelor's degree Master's                       | degree Single-cycle degree                           |  |
| in   |  |  |
| ☐ joint degree ☐ double/joint                    | degree international programme                       | none of the aforementioned                   |
| thesis title (required field)                    |  |  |
| English translation of the thesis title          | (required field)                                     |  |
|  | hereby apply for                                     |  |
| my Diploma Supplement to be public               | shed in my Uniweb personal area                      |  |
| Notes:   |  |  |
| NB: Shipment abroad via registered mail with ack | mowledgement of receipt or via courier is subject to | delivery costs to be borne by the applicant. |
| Padua,   | (applicant's signature)                              |  |

Pursuant to art. 38 of Italian Presidential Decree DPR 445/2000, this document is to be signed before the employee in charge of receiving it. Alternatively, the document may be sent by mail (Università degli Studi di Padova, Ufficio Carriere Studenti, via Lungargine del Piovego 2/3, 35131 Padova) or by certified email at amministrazione.centrale@pec.unipd.it or by fax at +39 (0)49 8276434 with a copy of a valid ID card, back and front, attached thereto.