

To the Rector

Student no. _____

I, the undersigned, _____ Tax ID (*codice fiscale*) _____

Born in _____ Country _____ on _____

Resident in (*full address*) _____

Postal code _____ Country _____

REQUEST THE REIMBURSEMENT OF FEES AND DUES FOR THE FOLLOWING REASON: (*check the appropriate box*)

- Degree awarded by the last session scheduled for Academic Year _____
- Exams completed by the last session scheduled for Academic Year _____
- Winner/eligible applicant for an A.R.D.S.U. study grant
- Recognized disability greater or equal to 66%
- University of Siena/AOUS (Siena Hospital) employee
- More than 65 years old
- Double payment of fee _____
- Other: _____

This form must be emailed to **gestione-tasse@unisi.it** using your personal university email account only (.....@student.unisi.it).

If possible, the administration shall make any reimbursements by deducting the appropriate amount from the next instalment of university fees.

Should this not be possible, students shall be reimbursed in accordance with the instructions they provide on their *Segreteria online* page (Home / *Anagrafica* (personal details): place of residence (address), administrative data, method of reimbursement and bank details, etc.).

The following reimbursement options are available:

RBB	Bank transfer	Only current accounts or cards with an IBAN of which the requesting party is the sole or joint account holder
RBP	Post office transfer	Only current accounts or cards with an IBAN of which the requesting party is the sole or joint account holder

Failure to provide all the information required shall preclude reimbursement.

Place _____, date _____

Legible Signature _____