

To the Rector

Stu	dent no			
I, the undersigned,			Tax ID (codice fiscale)	
Bo	rn in	Country	on	
Resident in (<i>full address</i>)		Postal code	Country	
Со	rresponding to the course			
	REQUEST THE REIMBURSEMEN	NT OF FEES AND	DUES FOR THE FOLLOWIN	IG REASON:
	course cancellation for failure to reac applications	ch the minimu	m number of participa	nts indicated in the call for
	ascertained failure to meet admission roonline	equirements a	fter normal course regis	tration and online enrolment
	Double payment of fees			
	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 _____