



UNIVERSITÀ  
DI SIENA  
1240

**Divisione Corsi di I e II livello**

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**EXCLUSIVELY FOR ADMISSION TO THE SINGLE CYCLE DEGREE COURSE IN DENTISTRY AND DENTAL PROSTHODONTICS**

**TO THE RECTOR OF THE UNIVERSITÀ DEGLI STUDI DI SIENA**

E p.c. to the Rector  
Of the Università \_\_\_\_\_  
(Name of the University where the admission test was taken)

The undersigned \_\_\_\_\_  
(surname) (name)  
Born in \_\_\_\_\_ on \_\_\_\_\_  
(City) (Country) (dd/mm/yy)  
citizenship \_\_\_\_\_,  
having passed the admissions test for the single cycle degree course  
in \_\_\_\_\_ at the Università  
\_\_\_\_\_ and not being able to regularize the registration for the aforesaid  
course of study because of the lack of places available in the quota set for foreign students, **request to be  
reassigned to the Università degli Studi di Siena**  
to the single cycle degree course in Dentistry and Dental Prosthodontics.

**I declare under my own responsibility that**

In the Università \_\_\_\_\_ I have passed the admissions test with the following  
grade: \_\_\_\_\_.

**Furthermore, I declare that I have presented only one request for reassignment.**

I include the following attachments:

- Photocopy of passport and entry visa.

The undersigned claims to make the declarations referred to in this request in accordance with Articles 3 and 46 of D.P.R. No.445 / 2000, aware that, pursuant to art. 76, any person who makes false declarations, forms false acts or makes use thereof, is punished under the Criminal Code and the special laws in this matter, and also incurs the termination of benefits under Art. 75.

Date, \_\_\_\_\_ legible signature: \_\_\_\_\_

Contact information for further communications:

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_