AMMINISTRAZIONE CENTRALE
AREA DIDATTICA E SERVIZI AGLI STUDENTI
UFFICIO CARRIERE STUDENTI

UNIVERSITÀ DI PADOVA

REGISTRATION FORM FOR SINGLE COURSE UNITS

To the Rector of the University of Padua

Name and surname …… born in ...……..……

country…..……....…… on …….living in ……..…(……...…….)

post code. …… address ……..……..…..… n. …..

e-mail ……..…….……phone number ……..……..……

Italian tax identification code ……..……..……..…..

declare to have read the Regolamento per l'iscrizione a singole attività formative;

request to register during the academic year 2026/2027 for the following single course unit(s):

◯ First application ◯ Subsequent application

BACHELOR'S/MASTER'S/SINGLE-CYCLE DEGREE PROGRAMME (specify the title of the degree programme and the campus, if not in Padua)	EXAMINATION CODE	EXAMINATION (TITLE)	SEMESTER 1°-2° TRIMESTER 1°-2°-3°	CFU (ECTS credits)	S.S.D. (scientific academic discipline division)

I hereby declare to be aware, pursuant to and within the meaning of the Article 13 of EU Regulation 2016/679 (General Data Protection Regulation), that the personal data collected will be processed, even with electronic means, exclusively in the context of the procedure for which this declaration is made, as stated on: http://www.unipd.it/privacy.