



## RESIDENZA UNIVERSITARIA BIOMEDICA

FONDAZIONE COLLEGIO UNIVERSITARIO  
S. CATERINA DA SIENA

### To the Administration Board

### FONDAZIONE COLLEGIO UNIVERSITARIO S. CATERINA DA SIENA

I, the undersigned .....  
Born in ..... on .....  
Resident in ..... street .....  
Country .....  
Italian tax code ....., who will enroll, at the University of Pavia,

- in \_\_\_\_\_ year of the Bachelor's Degree Course in  
\_\_\_\_\_
- in \_\_\_\_\_ year of a Master's Degree Course/ Long Cycle Degree Course in  
\_\_\_\_\_
- in \_\_\_\_\_ year of a postgraduate course (PhD, medical graduate school, post lauream  
Master program) in \_\_\_\_\_

subject to the requirements of the Residenza regulation

### REQUESTS

reconfirmation of the place assigned at the **Residenza Universitaria Biomedica** for the academic  
year **2023-2024**

Notifies that he/she is the holder of a free place entitled to \_\_\_\_\_

To this end

- attach financial documentation related to annual family income

Date \_\_\_\_\_

Signature \_\_\_\_\_