To

The Board of Administration

I, the undersigned:

Surname _____ First Name _____

Date of Birth _____

Place of Birth _____ Country _____ Nationality _____

Resident at _____

Street _____

Tax ID _____, who will be enrolling in the _____ year of the Bachelor's Degree Program/Master's Degree Program/Single-Cycle Master's Degree Program/Postgraduate Program in _____ at the University of Pavia, subject to the requirements set forth in the Residence Regulations

REQUESTS

To be allowed to remain in Residenza for the 2026–27 academic year.

To this end, I declare:

☐ I am attaching my ISEE certification

Sincerely,

Pavia, on _____

Signature _____