

UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II



Tax Stamp 16.00€

OR STAMP DUTY
CODE B001

Segrepass-payments – or other
payments
(if sent online)

MATRICULATION NO. _____

TO THE CHANCELLOR OF THE
UNIVERSITA' DEGLI STUDI DI
NAPOLI FEDERICO II

I, the undersigned _____, born on ____/____/____
a _____ (Prov. ____),
Tel. _____ e-mail _____,
enrolled for A.Y. ____ / ____ to ____ Master's Degree in _____

REQUEST

To substitute in the plan of study, with curriculum _____

For A.Y. ____ / _____,

the exam of _____ code _____

SSD _____ CFU _____,

WITH

The exam of _____ code _____

SSD _____ CFU _____,

Date

Signature _____

Information pursuant to art. 13 of Regulation (EU) 679/2016 containing rules on the processing of personal data.

Data received from this module is utilized in order to complete the procedure along with institutional activities of Università degli Studi di Napoli Federico II. The data controller is the university and the Chancellor (Rettore) and the General Director in relation to specific responsibilities. Exclusively for problems regarding to non-compliant treatment of personal data it is possible to send an email to the following address: ateneo@pec.unina.it; or to the supervisor of data protection: rpd@unina.it; PEC: rpd@pec.unina.it. For any requests related to procedure, please contact this email: dip.scienze-politiche@pec.unina.it. The interested parties have the rights referred to in articles 15-22 of the EU Regulation.

Complete information regarding the handling of personal data is available on the university's website: <http://www.unina.it/ateneo/statuto-e-normativa/privacy>.

RECEIPT FOR REQUEST OF EXAM SUBSTITUTIONS

STAMP

MATR.

The Clerk

TO THE RECTOR MAGNIFICUS
OF UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

I, the undersigned, born in(date)..... and graduated in
“Bachelor Degreefrom the University of

REQUEST

The recognition of the aforementioned academic title in order to enroll in the master's degree in
international relations from the Department of Political Science at the University of Naples Federico II.

Attached are the following documents:

- Bachelor's degree certificate;
- Transcript of records;
- Dichiarazione di Valore (Declaration of value)/CIMEA Statements of Comparability and Verification
/ Diploma Supplement (only for EU students)
- Copy of ID.

Email address:

Sincerely,



UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

DEPARTMENT OF POLITICAL SCIENCE

DIREZIONE

RULES OF CONDUCT TO BE FOLLOWED WHEN PARTICIPATING IN GRADUATION SESSIONS

It should be noted that, despite the issuing of a statement regarding the behavioral rules during graduation sessions, episodes of incivility and rudeness have occurred to the detriment of the environment with defacement of the historical-cultural heritage of the place.

As permitted by the director,

ORDERS

- for an easy discussion and for safety reasons, candidates can allow a limited number of people to participate in the graduation session (max 4 per candidate). In particular, minors under 18 are **EXCEPTIONALLY** permitted only under the supervision of an adult;
- during the discussion of the thesis and proclamation the graduate and everyone in attendance must maintain a behavior that is respectful of the solemnity of the ceremony. It is acceptable to be at the event in order to celebrate, yet it is important to remember to respect the university. In the case that people in attendance become unruly, the President reserves the right to ask the public to leave and continue the proceedings behind **CLOSED DOORS**;
- during the proceedings it is mandatory to **turn OFF cellphones**.
- the classroom where the proceedings take place must be vacated immediately after the proclamation;
- it is banned to set up banquets within the Department, particularly in the garden to avoid trampling the flowers and plants;
- it is **STRICTLY** forbidden to bring to relevant university premises confetti, balloons and other objects not suitable for a formal;
- it is **STRICTLY** forbidden to throw or leave trash of any kind within the Department.

Personnel indebted with the role of admitting people into the Department will continue surveillance and be vigilant that these rules are being observed.

If festivities result in criminally punishable behavior, including cases of damage and defacement of Department property, (articles. 345, 635, 635-bis, 664, 639, 733 cod. pen.), and harassment (artt. 659, 660 cod. pen.), the Department will report the parties responsible to the authorities for the imposition of foreseen sanctions.

The Undersigned _____ graduating in _____

At the Department of Political Science, having read this document, accepts the responsibility of following the rules of conduct for themselves and their guests partaking in their graduation celebration and has knowledge of the civil and criminal consequences if they fail to observe those rules.

Signature

Tax stamp 16.00€

TO THE RECTOR MAGNIFICUS OF UNIVERSITA' DEGLI STUDI DI NAPOLI

FEDERICO II

I, the undersigned.....born in

date of birth.....matriculation no...../..... enrolled to.....for theacademic year

e-mail.....telephone.....

REQUEST

to be admitted to the graduation exam in the session
of., academic year and the granting of the degree.

Subject of thesis.....

Title of thesis **in Italian**.....

.....

Title of thesis **in English**.....

.....

Supervising professor.....

Date.....

Signature

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Department of Political Science

I, The undersigned.....matriculation no.....

declare to have taken/attended the following **exams and activities/seminars****

[illegible]

**** For students of the new system**

Tot.CFU -----

I, The undersigned, declare that I still must complete the following exams or activities/seminars**:

Naples,.....

Signature

**N.B. 1) TO BE PRESENTED ALONG WITH THE REQUEST TO GRADUATE
2) THE LAST COURSE EXAM MUST BE PASSED AT LEAST 20 DAYS
BEFORE THE FINAL EXAM.**

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APPLICATION FOR CONFERMENT OF THE THESIS/FINAL EXAM

Month of assignmentyear.....

Matriculation number.....

Political Science Degree – Four-year degree ante D.M.509/99

Thesis: Synthetic /Analytical

Undergraduate Degree in _____

Master's Degree in _____

The undersigned.....

Enrolled in the.....year, having passed #.....exams;

REQUEST

The conferment of the thesis/ final exam in:

SUBJECT:.....

Professor.....

Professor signature for approval

Student signature

date.....

Signature of the Cour Coordinator for authorization

Prof. _____

data.....

Information pursuant to art. 13 of Regulation (EU) 679/2016 containing rules on the processing of personal data.

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RECEIPT IN CASE OF HAND DELIVERY

Teaching Office

Requested Receipt for the Conferment of the Thesis

Student _____
matriculation number _____

Degree in _____

Date _____



UNIVERSITÀ DEGLI STUDI
DI NAPOLI FEDERICO II

ENROLLMENT FORM FOR INTERNATIONAL STUDENTS

(EU-students, non-EU students officially residing in Italy, non-EU students with Visa permit already arrived in Italy)

A.Y. 202_/202_

The undersigned _____ asks to be registered in the first year of the
Degree course in _____ at the
Faculty of _____, for the academic year 2020/2021.

To this end, in accordance with Articles. 46 and 47 of Presidential Decree 445/2000, aware of the administrative consequences of forfeiture of the benefits obtained by the declarant (Article 75 of Presidential Decree 445/2000) and of the criminal consequences provided for by law (Article 76 of Presidential Decree 445/2000, Article 495 of the Criminal Code and Article 483 of the Criminal Code) if they have made false statements, pursuant to art. 46 and 47 of the Presidential Decree n. 445/2000,

DECLARES the following:

PERSONAL DATA

Surname/Family name: _____

First Name: _____

Date of Birth: _____ Place of Birth: _____, (Main Province),

Country _____ Citizenship: _____

Gender (M/F) _____ Tax code _____

RESIDENCY DETAILS

Address/street name: _____ n. _____.

City: _____ Zip code: _____

Country: _____

Mobile: _____ E-mail: _____

EDUCATIONAL QUALIFICATIONS

Diploma/Degree qualification: _____

Year of achievement: _____ Score _____

Institution/School/University: _____

City: _____ Country: _____

The undersigned attaches to this form:

1. identity document / passport,
2. proof of payment of university fees,
3. passport size photograph in .jpeg format,
4. visa permit (non-EU residing abroad),
5. declaration of value (DOV) issued by the competent Embassy or CIMEA certificate of comparability.

In the event that he/she does not have the Declaration of value at the time of enrollment, he/she hereby undertakes to deliver it as soon as possible (in any case no later than 30 days) and, in the meantime, attaches a copy of the school documents in his/her possession.

Information pursuant to art. 13 of Regulation (EU) 679/2016 laying down rules on the processing of personal data. The data collected with this form are processed for the purposes of the procedure for which they are released and will be used exclusively for this purpose and in any case, within the institutional activities of the University of Naples Federico II. The interested party has the rights referred to in Articles 15-22 of the EU Regulation. The data controller is the University, in the persons of the Chancellor (Rettore) and the General Manager, in relation to specific skills. To contact the Data Controller, you can send an email to the following address: ateneo@pec.unina.it; or to the Data Protection Officer: rpd@unina.it; PEC: rpd@pec.unina.it. Complete information relating to the processing of personal data collected can be found on the University website: <http://www.unina.it/ateneo/statuto-e-normativa/privacy>.

Place and date

Signature

(Field reserved to Secretarial Office)

UNIVERSITY ID NUMBER ASSIGNED:

MATRICULATION NUMBER...../.....

**TO THE RECTOR MAGNIFICUS
of Università degli Studi di
Napoli – Federico II**

I the undersigned..... born in.....

on.....

Tel.....e-mail.....,enrolled to

To the Master's Degree in

For the academic year /.....

REQUEST

To follow the curriculum.....

Napoli,.....

Information pursuant to art. 13 of Regulation (EU) 679/2016 containing rules on the processing of personal data.

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UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II



MATRICULATION NO. _____

To the Director of the Department of Political Science
Degree in _____
Università Degli Studi di Napoli Federico II

I, the undersigned _____ enrolled for the
Academic year _____ - _____ in the Bachelor's/Master's degree in _____

Tel. _____ e-mail : _____

REQUEST

The recognition of the following knowledge and/or professional abilities:

The undersigned declares to be knowledgeable of the criminal penalties provided for in the case of a false declaration (art.76 Presidential Decree n.445/2000), as well as the forfeiture of any benefit obtained as a result of the untruthful declaration (art.75 Presidential Decree n.445/2000).

Attached is a photocopy of an ID.

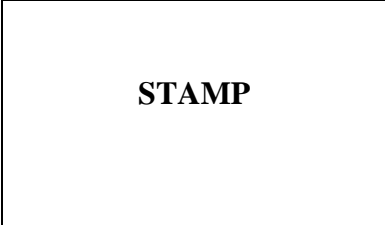
Date Signature _____

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RECEIPT FOR THE REQUEST OF THE RECOGNITION OF CREDITS.



MATRICULATION NO.

The Clerk

APPLICATION FOR CONFERMENT OF THE THESIS/FINAL EXAM

Month of assignmentyear.....

Matriculation number.....

Political Science Degree – Four-year degree ante D.M.509/99

Thesis: Synthetic /Analytical

Undergraduate Degree in _____

Master's Degree in _____

The undersigned.....

Enrolled in the.....year, having passed #.....exams;

REQUEST

The conferment of the thesis/ final exam in:

SUBJECT:.....

Professor.....

Professor signature for approval

Student signature

date.....

Signature of the CdS coordinator for authorization

Prof. _____

data.....

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PEC: rpd@pec.unina.it . For any requests related to procedure, please contact this email: dip.scienze-politiche@pec.unina.it .

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RECEIPT IN CASE OF HAND DELIVERY

Teaching Office

Requested Receipt for the Conferment of the Thesis

Student _____
matriculation number _____

Degree in _____

Date _____

DECLARATION

I hereby declare that Mr./Ms./Mrs.

matriculation no. _____ enrolled in the Master's Degree in

_____ today he/she

presented himself/herself for the exam

Napoli, _____

Professor of the course

Prof. _____

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☎ 081 - 25 38 256 / 25 38 250

✉ dip.scienze-politiche@unina.it

🌐 scienzepolitiche.unina.it