



DIPLOMA SUPPLEMENT APPLICATION FORM
(only for graduates pursuant to Italian M.D. no. 509/99 and no. 270/04)

To the Rector of the University of Padua

Student ID..... date of degree awarding

I, the undersigned born in(.....)

onliving in(.....) post code

address e-mail.....

graduated with a bachelor's degree master's degree single-cycle degree

in

joint degree double/joint degree international programme none of the aforementioned

thesis title (required field)

.....
.....

English translation of the thesis title (required field)

.....
.....

HEREBY APPLY FOR:

My diploma supplement to be published in my personal aerea.

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>.

Padua, _____

(signature) _____