



# Ca' Foscari University - Venice

## REQUEST OF REFUND OF UNIVERSITY FEES

The undersigned, Fiscal Code \_\_\_\_\_ Matriculation n. \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_

Gender  M  F Born on the (1) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the city of \_\_\_\_\_

Nation (2) \_\_\_\_\_ Citizenship (3) \_\_\_\_\_

residente at the following address, street (4) \_\_\_\_\_ n. \_\_\_\_\_

Postal code \_\_\_\_\_ Municipality \_\_\_\_\_

Fraction of \_\_\_\_\_, District/Province/Prefecture \_\_\_\_\_

Nation (2) \_\_\_\_\_ Telephone number (5) \_\_\_\_\_

\_\_\_\_\_ Mobile phone number \_\_\_\_\_

E-Mail \_\_\_\_\_

enrolled for the academic year \_\_\_\_ / \_\_\_\_ at the (1st, 2nd, etc) \_\_\_\_ year of study into the degree programme \_\_\_\_\_

level of the programme (master or bachelor's) \_\_\_\_\_

Department of \_\_\_\_\_

## REQUESTS

the refund of the sum of \_\_\_\_\_ Euros, paid for installments and university fees relative to the academic year 20\_\_/20\_\_ for the following reasons:

- A) the student is not enrolled at this university
- B) the students had already paid the given sum
- C) the student has paid the given sum even if they were not required to
- D) the students did not have to pay the fee because they had transferred to another university
- E) student deceased



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F) no longer student

G) other reasons

**If you hold a bank account which is not Italian**, we need also the following information:

IBAN \_\_\_\_\_

BIC/SWIFT code \_\_\_\_\_

bank account number \_\_\_\_\_

Name of the bank \_\_\_\_\_

Address of the bank \_\_\_\_\_

## **ATTACHMENTS (ALL ORIGINAL RECEIPTS HELD)**

The undersigned declares that the mentioned sum of money paid for university fees has not been subtracted during the last tax return hence it has not been used for the reduction of the due Irpef.

This declaration complies with art. 47 of the D.P.R. 28th of December 2000, n. 445.

This Administration is obliged to carry out the needed checks regarding the truthfulness of this declaration, in collaboration with the Tributary Police and Financial Administration.

Be informed that the signature on this declaration does not need to be authenticated if it is submitted directly to the competent office or if it is sent by fax or mail together with the copy of a valid ID of the declarant.

Venice, \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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Signa \_\_\_\_\_

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## OFFICE DEDICATED PART

The request is

Accepted

Not accepted for the following reason

\_\_\_\_\_

\_\_\_\_\_

Venice, \_\_\_\_/\_\_\_\_/\_\_\_\_ Person in charge \_\_\_\_\_

\_\_\_\_\_

### INSTRUCTIONS TO FILL IN THE FORM CORRECTLY

- (1) Date of birth: day, month, year format. In case of days or months composed of one number only, add a zero before the number.
- (2) Nation: indicate it only if different from Italy.
- (3) Citizenship: indicate it only if not Italian.
- (4) Residency: write down the street name and number without reporting the word "street", use the abbreviations for square, etc. For the province of Rome, use the initials RM.
- (5) Telephone: indicate the home phone number (landline).