



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 _____

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).