

To the Magnificent Rector  
of eCampus Telematic University

**SCHOOL AREA MASTER'S DEGREE GRADUATION APPLICATION**

The undersigned (surname) \_\_\_\_\_ (name) \_\_\_\_\_

Matriculation number \_\_\_\_\_ born at \_\_\_\_\_ (Country \_\_\_\_\_)

on \_\_\_\_\_, address \_\_\_\_\_

postal code \_\_\_\_\_ City/town \_\_\_\_\_ (province/country \_\_\_\_\_)

Tel \_\_\_\_\_ cell number \_\_\_\_\_ email \_\_\_\_\_

Enrolled in the Academic Year 20\_\_/20\_\_

To the \_\_\_\_\_ level Master's Degree in \_\_\_\_\_

**REQUESTS**

To be admitted to the discussion of the Master's Degree Final Dissertation in the month of \_\_\_\_\_

Definitive Dissertation Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area of expertise (teaching): \_\_\_\_\_

Supervisor, Prof. \_\_\_\_\_

The student shall attach to the present application form:

- 1) Proof of payment of 50 € (if the corresponding fee was not paid at the time of the enrollment);
- 2) Two 16 € revenue stamps (one for the graduation application; one for the degree parchment);
- 3) "Authorization and use of personal Information" form, duly filled in and signed;
- 4) Declaration of completion of all the exams provided for in the study plan;
- 5) "Application for issuance of the Master's Degree Parchment" form, duly filled in and signed;
- 6) A printing of the Supervisor's e-mail with the approval the degree application.

Novedrate, Date \_\_\_\_\_

SIGNATURE OF THE STUDENT

\_\_\_\_\_

**The students who did not take the final examination on the session they initially applied for, shall deliver only the graduation application form indicating the new graduation session, complete with a revenue stamp.**



APPLICATION FOR ISSUANCE OF THE MASTER'S DEGREE PARCHMENT  
(to be filled in even in case of application for the delivery of the degree parchment by post)

The undersigned (*surname, name*) \_\_\_\_\_

Born at \_\_\_\_\_ (\_\_\_\_) on \_\_\_\_\_

Matriculation n. \_\_\_\_\_, graduation date \_\_\_\_\_

Master's Degree in \_\_\_\_\_

**REQUESTS**

The issuance of the **Master's Degree Parchment**.

**FIELD RESERVED TO THE STUDENT SECRETARIAT**

The undersigned \_\_\_\_\_

shall declare the issuance of the Master's Degree parchment on this day

Upon presentation of a valid identity card \_\_\_\_\_

Novedrate \_\_\_\_\_ Signature \_\_\_\_\_

SIGNATURE OF THE  
ADMINISTRATIVE CLERK

\_\_\_\_\_



## SHIPPING AUTHORIZATION FORM FOR THE MASTER'S DEGREE PARCHMENT

The undersigned (*surname, name*) \_\_\_\_\_

matriculation number \_\_\_\_\_

born at \_\_\_\_\_ (\_\_\_\_\_) on \_\_\_\_\_

Degree in \_\_\_\_\_ on \_\_\_\_\_

Requests, on his/her own responsibility, the shipping of the original degree parchment at the following address:

Street / Square \_\_\_\_\_ n. \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ postal code \_\_\_\_\_

Tel. \_\_\_\_\_ Cell number \_\_\_\_\_

e-MAIL \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE

\_\_\_\_\_



**e-CAMPUS**  
UNIVERSITY

## DELEGATION FOR WITHDRAWAL OF THE ORIGINAL DEGREE PARCHMENT

The undersigned (*surname, name*) \_\_\_\_\_

Born at \_\_\_\_\_ (.) on \_\_\_\_\_

Matriculation number \_\_\_\_\_, Graduation date \_\_\_\_\_

Master's Degree in \_\_\_\_\_

**SHALL DELEGATE**

Mr/Ms \_\_\_\_\_

for the the withdrawal of the original degree parchement.

Place \_\_\_\_\_, Date \_\_\_\_\_

Sincerely,

\_\_\_\_\_

### **ATTACH:**

- A COPY OF THE AUTHORIZED PERSON'S INDENTITY DOCUMENT
- A COPY OF THE DELEGATING PERSON'S INDENTITY DOCUMENT



## AUTHORIZATION AND USE OF PERSONAL INFORMATION

The undersigned  
(surname) \_\_\_\_\_ (name) \_\_\_\_\_

Born at \_\_\_\_\_ (\_\_\_\_\_) on \_\_\_\_\_

Resident in \_\_\_\_\_

Postal Code \_\_\_\_\_ City/Town \_\_\_\_\_ Prov./Country \_\_\_\_\_

Tel. \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_ level Master's Degree in \_\_\_\_\_

- SHALL AUTHORIZE
  - SHALL NOT AUTHORIZE
- (tick the appropriate box)

e-Campus Telematic University for the transmission of personal information to Private and Public Entities which so request for the purpose of various professional collaborations (stages or job offering).

Furthermore, I shall authorize the processing of the personal information contained in my Curriculum Vitae, pursuant to Art. 13 of Legislative Decree 196/2003.  
( attach the CV)

- SHALL AUTHORIZE
  - SHALL NOT AUTHORIZE
- (tick the appropriate box)

Date \_\_\_\_\_

Signature of the Student \_\_\_\_\_