

**TRANSFER REQUEST TO YEARS FOLLOWING THE FIRST**

**UniCamillus**

International University of Health and Medical Sciences  
Via di Sant' Alessandro 8 - 00131 Roma

To the Registrar's Office,

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

Fiscal Code \_\_\_\_\_, student ID \_\_\_\_\_,

born in \_\_\_\_\_ on \_\_\_\_\_,

resident in \_\_\_\_\_,

ENROLLED FOR THE A.Y. \_\_\_\_\_/\_\_\_\_\_

in the \_\_\_\_\_ year in the Degree Course in \_\_\_\_\_

based on what has been registered following the credit recognition application I presented, I hereby request to be admitted to the:

2nd year of the Degree Course in \_\_\_\_\_

3rd year of the Degree Course in \_\_\_\_\_

Rome, \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

\_\_\_\_\_