REQUESTS FORM

# TO THE CONSIGLIO DI CLASSE (BOARD) OF MASTER’S DEGREE IN

# INTERNATIONAL RELATIONS LM52

THE UNDERSIGNED …………. BIRTH AT………………. ON ……………. PHONE NUMBER………………………. E-MAIL……………………. RESIDENCE AT ……………………………………………………………………….

ADRESS…………………………………….. N°……

STUDENT IDENTIFICATION NUMBER N°…………………..

ASKS TO

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Macerata, date …………..

Signature……………….