

**APPLICATION FOR DEGREE/ORDINAMENTO TRANSFER**

To the Rector of the  
University of Padova

Student ID \_\_\_\_\_

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

Born in (city – country) \_\_\_\_\_ on (date) \_\_\_\_\_

Residing in (address – city – country) \_\_\_\_\_

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

Landline \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Regularly enrolled for the a. y. \_\_\_\_\_ to \_\_\_\_\_ year of the Single-Cycle Degree Programme in  
Veterinary Medicine based on the *Ordinamento* approved by Ministerial Decree no. 270/04 ord. 2011)

**REQUESTS**

To continue their studies in the following:

Single-Cycle Degree Programme in Veterinary Medicine based on the *Nuovo Ordinamento* approved by  
Italian Ministerial Decree no. 270/04 ord. 2017.

To this end, a copy of a valid ID shall be attached to the form.

The undersigned declares that they are aware of, pursuant to art. 13 of the D.Lgs. 196/2003, personal  
data will be handled electronically as well as through non-electronic means for the purposes of this  
declaration.

\_\_\_\_\_, \_\_\_\_\_  
(Place) (Date)

\_\_\_\_\_  
(Signature)

Further useful information for the assessment of the transfer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_