



Università
Ca' Foscari
Venezia

Università Ca' Foscari Venezia
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To the attention of the Rector
of Ca' Foscari University of Venice

The undersigned _____

born in _____ date _____

current address _____

fiscal code _____

tel. _____ e-mail _____

holder of the academic title _____

from the University _____

Country _____ date _____ with grade _____

REQUESTS

the academic recognition (nostrification) of his/her title with the corresponding "Dottorato di Ricerca":

The undersigned also declares to have not applied for the recognition of the same qualification at any other Italian university.

Date _____

Signature

Pursuant to art. 13 of Regulation (UE) 2016/679 we inform you that the data provided is handled by the Ca' Foscari University of Venice. The data is acquired and processed exclusively for the fulfilment of the institutional aims of the University; any refusal to provide personal data could result in failure to fulfill the necessary formalities and administrative procedures for the management of student careers. The rights referred to art. 15 e ss. of Regulation (UE) 2016/679.