



UNIVERSITÀ  
POLITECNICA  
DELLE MARCHE

STAMP DUTY  
(not for free use)  
**16€ \***  
(see note overleaf)

**CERTIFICATE REQUEST**     free use     legal use

Surname ..... Name..... Matr.n° .....

Born on ..... at ..... Citizen .....

Telephone n° ..... @mail .....

Degree course: (choose one) Master/Master degree on .....

Enrolled at ..... year for Academic year ...../.....     graduate on ..... with marks .....

N° certificates required			TYPE OF CERTIFICATE
Legal use	Foreign use	Free use *	

**STUDENTS**

					X If in english
			Enrolled with legal duration of the course	English language	
			Enrolled with study plan and exams passed	English language	
			Enrolled with academic years <input type="checkbox"/> whit exams    (Only in Italian language)		

**GRADUATES**

			Degree/Master degree	English language	
			Degree/Master degree with thesis title (Only in Italian language)		
			Degree/Master degree with exams and date (Only in Italian language)		
			Degree/Master degree with exams, date and thesis title	English language	
			Degree/Master degree with academic years	English language	
			Degree/Master degree with academic years and exams (Only in Italian language)		
			Diploma Supplement		

			Calendar year taxes - (specify the year) ..... (Only in Italian language)
			Other (specify)

- ✓ The student must comply with the university fees
- ✓ English certificates are issued only for foreign use

\* For Free use specify the reason \_\_\_\_\_

Date request \_\_\_\_\_

Signature \_\_\_\_\_

the certificate must be collected by the applicant (showing an identity document), or he/she can ask for shipment (attaching a copy of the identity document and an envelope with sufficient postage)

Surname \_\_\_\_\_ Name \_\_\_\_\_ Born on \_\_\_\_\_ at \_\_\_\_\_

**Authorize**

this office to send the requested document to this address

Surname \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ zip code \_\_\_\_\_

(the University declines all responsibility for non-delivery of documents)

Mr/Ms Surname \_\_\_\_\_ Name \_\_\_\_\_

Born on \_\_\_\_\_ at \_\_\_\_\_

To withdraw the requested documents (bring a copy of the identity document of the applicant)

Date \_\_\_\_\_

Signature \_\_\_\_\_

**CERTIFICATES FOR ABROAD**

*For the legalization of the signature (if necessary for the country of destination), the applicant must go to the **Prefecture (Prefettura)** - Territorial Office of the Government of Ancona - Legalization Office, via Matteotti, 46 - 60121 Ancona*

**\*Certificates must ordinarily be issued on 16 € stamp (in addition to that of the application form).** Terms of payment of the stamps (for the application form and for the certificate) will be communicated by the Student Office after receiving the request.