



# Università degli Studi di Roma "Tor Vergata"

TO THE RECTOR OF THE UNIVERSITY OF THE STUDIES OF ROME TOR VERGATA

and, for reference to the Rector

of the University of.....  
(University where the admission test was taken)

The undersigned

.....  
(surname) (name)  
Born in.....  
(city) (state)  
on..... citizen .....  
(dd/mm/yy)

Having undergone and passed the Italian language proficiency test and admission test for the Bachelor's Degree/ single cycle Master's Degree/ Master's Degree in..... at the University of ..... and not being able to finalize enrollment to the abovementioned course for lack of places available in the fixed quota for non-EU students,

**asks to be reassigned at the University of Rome Tor Vergata**

to the Bachelor's Degree/ single cycle Master's Degree/ Master's Degree in.....

**The undersigned declares to have submitted only one request for the reassignment** and to be aware that the control of the requirements for the admission to the chosen course is on behalf of the International Students Office at the moment of the enrollment.

Find attached herewith, on this purpose:

- Copy of passport and entry visa.
- Pass certification of the Italian language test or certificate for the exemption from the Italian language test (level B2), if possessed. Certification not required for the courses taught in English
- Pass certification of the admission Test.
- Copy of the pre-enrollment application issued by the Italian Embassy (Module A).
- Copy of the qualification required for the admission to the course and Declaration of Value or equivalency issued by Enic-Naric o Cimea Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legible signature

Address for any communications: \_\_\_\_\_

mobile phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_