



Aliseo

Agenzia ligure per gli studenti e l'orientamento
SERVIZIO GESTIONE OPERATIVA DELLE RESIDENZE UNIVERSITARIE

REQUEST OF TRANSFER OF THE ACCOMMODATION PLACE

The undersigned student:

name..... surname.....

accommodated at from

in single room in double room

Attending the Degree Course in:

.....

REQUESTS TO BE TRANSFERRED

Subject to availability, at the University Residence:

.....

in single room in double room

For the following reasons:

.....

.....

.....

.....

Genova, ____/____/____

Student signature
