

School of Law

The undersigned							
Place and date of birth _							
City	Province/State		Po	ostcode_			
Phone number							
email							
Master / Executive Cours	se in						
Edition (a.y.)							
1) CERTIFICATES							
	Type of document	n. of copies	Italian	English	with exams	without exams	
	Certificate of enrollment						
	Transcript of records						
	Other (please specify):						
Please attach to this request a	double-sided copy of a valid ID/F	Passport.					
for each certificate). • It is not possible to reconstruction. • Certificate(s) will be seconstruction. 2) OFFICIAL DIPLOMA Withdrawal method:	nuest the Enrollment Certificate after on the via e-mail.	graduation					
□ In-person or via delegate							
Withdrawal date	Signat	ure					
☐ Sent to the following ad	ldress:					_n	
	<u> </u>					_··· <u></u> ·V.	
_					110	· v	
c/o (surname and name)							
The document will be sent throu By signing this form, the student	gh ordinary mail. exempts in any case the University	y from any li	iability for	a potentia	al loss.		
Luiss Libera Università Internazionale degli Studi Sociali Guido Carli	Date				Signa	ture	
Viale Pola 12, 00198 Roma T +39 06 85 22 54 59-53 52-58 57 Isl@luiss.it							