

STATEMENT OF ADMISSION

Please, you are kindly requested to certify that:

Full Name: _____

Place of Birth: _____

Date of Birth: ____ / ____ / _____

Address: _____

has been admitted to the following Graduate Program:

University Name: _____

Program Name: _____

Academic Year: _____ / _____

Program Start Date: ____ / ____ / _____

Admission Requirement

Final enrollment is conditional upon obtaining the Bachelor's Degree qualification from Bocconi University no later than ____ / ____ / _____. **Failure to obtain the degree within the above-mentioned deadline will result in the admission not being granted.**

This document has been issued at the request of the student for all legal purposes.

Place and Date: _____

Head of Admissions Office

Full Name: _____

Signature: _____

This document must include the official University seal.

To be returned to Academic Registrar's Office - Academic Services - Università Bocconi (Milano, Italy) in order to allow the student to meet your admission requirement by graduation within the deadline.

Note to the student: Università Bocconi reserves the right to verify the accuracy of the information provided on this form, adopting appropriate measures in case of submission of false, untruthful or inaccurate documentation.

