

Part-time request Deadline: 1 September.

**TO THE DIRECTOR
of the Scuola di Musica di Fiesole**

THE UNDERSIGNED

STUDENT NUMBER _____

Family name, Given name

born on (dd/mm/yyyy) | | | | | | | | | | in | _____ | prov. | | | |

resident in via/piazza | _____ | n. | | | |

city | _____ | prov. | | | | | Post Code | | | | | |

tel. | _____ | cell. | _____ | e-mail | _____

Enrolled in the Academic Year _____ to _____ - IN CORSO FUORI CORSO

Degree Program _____

REQUESTS enrollment in a.y. _____ to be held PART-TIME (30 CFA annual)
for the following reasons:

Date _____

Signature _____

Parent/Guardian Signature for students under 18 _____