

To the Director of the
Scuola di Musica di Fiesole
Via delle Fontanelle, 26
50014 S.DOMENICO Fiesole FI

RE: TRANSFER REQUEST Academic Year. _____ **Triennio/First Level Bachelor**

Request deadline: 1 September

The undersigned _____

Date of Birth _____

Place of Birth _____

Nationality _____

Permanent Address

City _____ Country _____

Postal Code _____

Tel. _____ E-mail _____ enrolled in Academic Year ____ / ____
at the following Conservatory/Institution:

_____ course year number _____

Department of (*instrument*) _____

DECLARES

that he/she has submitted an application for enrolment by registering online at the following link:
<https://conservatori.istruzioneweb.it/ammissioni/?u=fiesole>

and HEREBY REQUESTS

a transfer to the Scuola di Musica di Fiesole (*indicate reasons*) _____

ATTACHED (*mandatory*):

- Certificate of course transcript issued by the previous Conservatory/Institution;

Date _____

Signature _____

Parent/Guardian Signature for minor students _____