



**eCAMPUS**  
UNIVERSITY

Revenue  
Stamp  
€ 16,00

To the magnificent Rector  
Of eCampus telematic University  
Via Isimbardi, 10 – 22060 Novedrate (CO)

The undersigned\_\_ Matriculation number\_\_\_\_\_

Surname\_\_\_\_\_ Name\_\_\_\_\_

Born on \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth\_\_\_\_\_

Enrolled in the Academic Year \_\_\_\_/\_\_\_\_

To the Master's Degree in:\_\_\_\_\_

ADDRESS: Street\_\_\_\_\_ n.\_\_\_\_\_

Town/City\_\_\_\_\_ Postal Code\_\_\_\_\_ Prov.\_\_\_\_\_

Tel. Number\_\_\_\_\_ Cell number\_\_\_\_\_

**SHALL FILE THE FOLLOWING MOTION TO YOUR MAGNIFICENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The motives for the aforementioned motion are the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents attached (if required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date\_\_\_\_\_

Signature\_\_\_\_\_

\_\_\_\_\_



**eCAMPUS**  
UNIVERSITY

**FIELD RESERVED TO THE  
MAGNIFICENT RECTOR- DIRECTOR GENERAL – PRESIDENT OF THE FACULTY**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

