



To the Coordinator
of the Single Cycle Degree Course in Pharmacy
University of Rome "Tor Vergata"

**SUBJECT: Request for option to transfer to the new qualifying degree course in
Pharmacy (code AA4)**

The undersigned _____ born in _____ on
_____ enrolled in the Single Cycle Master's Degree Course in
Pharmacy, enrolled from the AA _____ with matricola n. _____

Applies for

for the academic year 2023-2024 the request to transfer to the new Qualifying Degree Course in
Pharmacy, class H13. code AA4 and the recognition of the exams taken so far, as per the attached
copy of the certificate.

Rome,

Student signature
