



The American University of Rome  
Office of the Registrar

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## CERTIFICATION REQUEST

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

FEMALE  MALE

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

### AUR STATUS

- AUR RESIDENT STUDENT FULL TIME
- AUR RESIDENT STUDENT PART-TIME
- STUDY ABROAD  (PLEASE SPECIFY PROGRAM) \_\_\_\_\_
- STUDY ABROAD INDEPENDENT  (PLEASE SPECIFY PROGRAM) \_\_\_\_\_

LETTER TO BE WRITTEN IN: ENGLISH  ITALIAN

PURPOSE OF REQUEST:

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_