



Università di Scienze  
Gastronomiche di Pollenzo  
University of Gastronomic Sciences of Pollenzo

**For the attention of the ADMINISTRATIVE DIRECTOR  
Of the UNIVERSITY OF THE SCIENCE OF GASTRONOMY**

The student:

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Born in:

on:

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Resident in:

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Matriculation number:

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**With regards to** the University tuition fees of: \_\_\_\_\_ Euro (indicate

amount in numbers), **with payment deadline on** \_\_\_\_\_

**REQUESTS AN EXTENSION TO THE FOLLOWING PAYMENT:**

\_\_\_\_\_ Euro

(indicate the outstanding amount owed to the University of Gastronomic Sciences).

The student requests an extension to the payment date until: \_\_\_\_\_

\_\_\_\_\_ (dd/mm/yyyy)

The student states the following **REASONS** for the payment date extension:

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Pollenzo, \_\_\_\_\_

Student's signature \_\_\_\_\_