



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

The student:

Born in:

on:

Resident in:

Matriculation number:

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:

The student attaches to the aforementioned request, DOCUMENTATION demonstrating his or her efforts to obtain funding in order to cover outstanding fee within the stated deadline. He or she is also obliged to update and immediately inform the University in circumstances in which he or she has procured the necessary funding.

Pollenzo, _____

Student's signature _____