

APPLICATION FOR A 15% REDUCTION IN UNIVERSITY FEES A.Y. 2024-2025

STUDENTS ENROLLED IN YEARS BEYOND THE FIRST YEAR

I, the undersigned _____,

as the child of an employee of Bocconi University/SDA/Egea

Parent's Full Name _____

Bocconi/SDA/Egea Badge Number _____

Hereby request that the "15% reduction in university fees" be applied for the a.y. 2024-2025.

To this end, I declare that I am NOT already a recipient of this benefit, that I am NOT enrolled in the first year of a Bachelor's degree program for the a.y. 2024-2025, and that I am enrolled in one of the following degree programs:

- Bachelor's degree (2nd or 3rd year)
- Law Master's degree (2nd, 3rd, 4th, or 5th year)
- Master's degree (1st or 2nd year)

I, the undersigned, declare that I have read and understood the regulations for the a.y. 2024-2025 regarding the "15% fee reduction" for students enrolled in years beyond the first of the Bachelor's degree, Law Master's degree, and the first and second year of the Master's degree, as published on the Bocconi website, including the rules of non-cumulability, revocation, and loss of the benefit.

Date _____

Signature of the applying student _____
(handwritten and not digital, full and legible)