**Request Form for GRE Reimbursement**

## *2024/2025 Academic Year*

**Student Information**

NAME AND SURNAME …………………………………………………………………………………………….…………………

ACADEMIC PROGRAMME: MSC ECONOMICS…………………………………………………………….…………………

STUDENT REGISTRATION NUMBER (*MATRICOLA) ……………………………………………………………………….*

PLACE AND DATE OF BIRTH .……………………………………………………………………………………..………………..

ITALIAN TAX ID NUMBER (*CODICE FISCALE*) ..………………………………………………………………………………

ADDRESS (place of current residence) ………………………………………………………………………..……………………

ADDRESS (for taxation purposes)………………………………………………………………………………..……………………

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| --- | --- |
| EMAIL  …………………………………………………………… | TELEPHONE NUMBER  ……………………………………………………… |

**The aforementioned student asks to receive the reimbursement of the GRE certification fee, for a total of €180,00.**

* **Motivation**: Completed GRE certification
* with a score of at least 150 in the Quantitative Section (indicate score) \_\_\_\_\_\_\_\_\_\_\_\_\_
* between June 2024 and October 2025 (indicate date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Attached documents**:
* Copy of valid ID
* Copy of Italian tax ID number (*codice fiscale*)
* Copy of GRE certification
* Privacy Policy Disclosure
* **Bank details for payment of the reimbursement** (L. 214 / 22 December 2011):

*Bank…………………………………………………Agency …………… in…………………………….*

*IBAN: ………………………………………………………………SWIFT/BIC:…………………….......................................*

The undersigned (insert full name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has received and understood the Privacy Policy Disclosure in reference to Art. 13 of the EU Regulation 2016/679 on the processing of personal data pertaining to the reimbursement of GRE fees for students regularly enrolled in the 2024/2025 academic year in MSc Economics at Tor Vergata University of Rome. Moreover, the undersigned confirms knowledge that the personal information provided will be processed in the manner and for the purpose indicated in the Privacy Policy Disclosure.

Date ……………………… Signature……………………………………………………. **Rules for sending the reimbursement request:** Send the completed and signed form and the requested attachments by 31 December 2025 to [segreteria@def.uniroma2.it](mailto:segreteria@def.uniroma2.it) and [msc\_economics@economia.uniroma2.it](mailto:msc_economics@economia.uniroma2.it), specifying in the object of the message ‘NAME+SURNAME+GRE REIMBURSEMENT.