

Enrollment Certificate Request FORM

SAIS Europe

Via Belmeloro 11, 40126 Bologna, Italy Tel. +39/51/2917.811 · fax. +39/51/22.85.05 www.sais-jhu.edu

Last Name (during en	rollment)			
First Name			_ Date of Birth	
Year(s) of Attendance	<u> </u>			
Year(s) of Attendance	1 st year [□] Bologna	or DC	2 nd year Dologna	or DC
Email			Date of Request	
Program attended:	□ MA	- MAI	A - MIPP	□ Bologna Center Diploma
□ Enrollment Certification with indication conferred (no f	s of the date of	f birth, th	e enrollment per	iod and degree/Diploma
□ Please email electi	ronic version to			
□ Please make availa	ble for pickup			
□ Please allow		_ to retri	eve my transcript	s on my behalf (I.D. required)
□ Please mail by (date	ce):			
	Address:			
I hereby authorize SA above.	IS Europe (Bolog	gna Cente	er) to provide the	information as requested
Signature			Date	