



S. P. E. S. S.c.p.A.

Società di Promozione degli Enti Savonesi per l'Università

MODULE FOR LODGINGS CONFIRM
AT SAVONA UNIVERSITY
CAMPUS

To send completed in all parts by mail to: spes@spesspa.191.it

Spett.le SPES ScpA

Savona ___/___/___

(for posting acceptance, the date of the mail is valid, check the deadlines in the notice)

Me _____, born in _____ on _____

Resident in St./Sq./Rd. _____

in _____ (indicate city and province) postcode _____

declares to

Be asserted at the position n° _____

Select a list of accommodations for which you have participated:

Double Room Payment _____ Single Room Payment _____

Subsidised Rent Payment _____

Select Belonging Category:

Current Student _____

New Applicant (not first year) _____

First Year Student _____

asks for

to take possession of the assigned bed on ___/___/___ at _____

(check the table on the competition announcement)

Please note that check in can only be done from Monday to Friday at the times indicated in the ban.