



**CHANGE REQUEST FORM
ADMISSION TEST JULY 13, 2017**

I, the undersigned _____

born in _____ in the province of _____ on _____

tax identification number _____

REQUEST

the following change to the information provided in the application:

To this end, I attached a photocopy of my identification document.

Date, _____

Signed _____

Change requests must be received by July 10, 2017 either via email to ammissione@luiss.it.

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