



**JOHNS HOPKINS**  
SCHOOL of ADVANCED  
INTERNATIONAL STUDIES

**SAIS Europe**

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

**Enrollment Certificate Request FORM**

Please scan and email or fax this form to:

[Sais.eu.registrar@jhu.edu](mailto:Sais.eu.registrar@jhu.edu)

Fax: +39/051/22.85.05

Last Name (during enrollment) \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Year(s) of Attendance \_\_\_\_\_  
1<sup>st</sup> year  Bologna or  DC    2<sup>nd</sup> year  Bologna or  DC

Email \_\_\_\_\_ Date of Request \_\_\_\_\_

Program attended:     MA     MAIA     MIPP     Bologna Center Diploma

**Enrollment Certificate:**

with indications of the date of birth, the enrollment period and degree/Diploma conferred (no fee)

Please email electronic version to \_\_\_\_\_

Please make available for pickup

Please allow \_\_\_\_\_ to retrieve my transcripts on my behalf (I.D. required)

Please mail by (date): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize SAIS Europe (Bologna Center) to provide the information as requested above.

Signature \_\_\_\_\_ Date \_\_\_\_\_