DEPARTMENT OF _____

STUDENTS AND COURSE ADMINISTRATION OFFICE
Piazza San Francesco, 7/8 – 53100 SIENA
didattica.sem@unisi.it

<div align="right">

To the Academic Board
Bachelor's/Master's degree course in

_____

</div>

I, the undersigned,_____student no. _____

Italian fiscal code_____resident in (*full address*)_____

city _____postal code_____ mobile phone_____

University e-mail account_____*@student.unisi.it*

enrolled for AY_____ in the _____year ☐ on schedule ☐ repeating ☐ not on schedule (*fuori corso*) with

exams for the Bachelor's/Master's degree course in_____

<div align="center">(specify any specialization)</div>

<div align="center">

REQUEST

</div>

- to be able to sit the exam for the course _____ ,
worth no._____ of credits, offered by the Department of_____to be recognized as
☐   elective credits
☐   extra credits

- to be able to sit the exam for the course _____ ,
worth no._____ of credits, offered by the Department of_____to be recognized as
☐   elective credits
☐   extra credits

- to be able to sit the exam for the course _____ ,
worth no. _____ of credits, offered by the Department of_____to be recognized as
☐   elective credits
☐   extra credits

Siena, (*date*)_____   Student's signature_____