

TO THE TEACHING COMMITTEE
OF THE FIRST CYCLE /SECOND CYCLE DEGREE COURSE

in _____

Matriculation no. _____

I, the undersigned, (*full name*) _____

institutional email _____@student.unisi.it - mobile phone _____

enrolled for a.y. _____ in the _____ year of the first cycle second cycle degree course
in _____

having:

Transferred from the first cycle second cycle degree course in

at the University of _____

Changed course (internal transfer) from the first cycle second cycle degree course in

Withdrawn from the first cycle second cycle degree course in

at the University of _____

Completed a first cycle second cycle degree in

• awarded by the University of _____

REQUEST

Recognition of earlier studies, as indicated in the following self-certification.

TO BE FILLED IN BY THE STUDENT

| EXAMS / ACTIVITIES PASSED for which VALIDATION is requested | date of exam/activity | MARK | University credits (CFU) | Scientific Sector or Discipline (SSD) | |
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Siena, _____(date)

(student's legible signature)

(Mandatory, to be filled in by the Chairman of the Committee)

Admitted to the _____ course year with n° _____ university credits (CFU) awarded

Approved in the session of (*date*) _____

THE CHAIRMAN _____