TO THE TEACHING COMMITTEE

OF THE FIRST CYCLE /SECOND CYCLE DEGREE COURSE

in
Matriculation no
, the undersigned, (full name)
nstitutional email@student.unisi.it - mobile phone
enrolled for a.y in the year of the □first cycle □second cycle degree count
naving: □ 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□ Withdrawn from the □ first cycle □ second cycle degree course in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
owarded 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	date of exam/activity	MARK	University credits (CFU)	Scientific Sector or Discipline (SSD)	
is requested					
$\frac{1}{2}$					
3					
4					
5					
6					
7					
8					
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25					

na,	(date)	
		(student's legible signature)

TO BE FILLED IN BY A MEMBER OF THE TEACHING STAFF

(INDICATE THE EXAMS/ACTIVITIES RECOGNIZED FOR THE COURSE IN WHICH THE STUDENT HAS ENROLLED (use the same exam numbering as on page 2)

NAME of EXAM / ACTIVITY	SSD	COURSE YEAR	EXAM CODE	CFU Validated	CFU requiring Integration	SPECIFY if ELECTIVE or EXTRA	
1							
2							
3							
4							
5							
6							
7							
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22							
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24							
25							

NOTES

(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	