

UNIVERSITA' DEGLI STUDI DI SIENA
UFFICIO STUDENTI E DIDATTICA
DIPARTIMENTO DI INGEGNERIA DELL'INFORMAZIONE E SCIENZE MATEMATICHE
Via Roma, 56 – 53100 SIENA – Tel.: 0577 234858-4859 – Fax: 0577 234857

TO THE RECTOR
UNIVERSITY OF SIENA

IDENTIFICATION NUMBER _____

THE UNDERSIGNED (name, surname) _____

- STUDENT OF THE _____ YEAR on course repeating out-of-course
IN THE ACADEMIC YEAR 20____/20____ OF THE STUDY COURSE :

- REGULATION: PRE-509 509 270

- COMING FROM THE UNIVERSITY OF SIENA

- STUDY COURSE:

- REGULATION: PRE-509 509 270

- COMING FROM THE UNIVERSITY OF _____

STUDY COURSE:

REGULATION: PRE-509 509 270

- PRIOR DEGREES: UNDERGRADUATE DEGREE POSTGRADUATE DEGREE
IN _____

AT THE UNIVERSITY OF _____

REGULATION: PRE-509 509 270

- OTHER _____

ASKS FOR

- TRANSFER
- INTERNAL CHANGE OF COURSE
- ENROLLMENT WITH COURSE ABBREVIATION

TO THE STUDY COURSE: _____

CURRICULUM (*): _____

(*)if required

WITH THE RECOGNITION OF PREVIOUS CARRERS

Siena,.....

The student (signature)

.....

PART TO BE FILLED BY THE STUDENT		PART RESERVED TO THE COMMITTEE								
SETT. DISCIPL. ¹	NAME OF TEACHING COURSE TO VALIDATE	APPROVED FOR	CFU INT*	CFU TYPE OF EDUCATIONAL ACTIVITIES**						
				A	B	C	D	E	F	X
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	2.									
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(*) POSSIBLE CREDITS FOR ADDITIONAL EXAMINATION

(**) TAF: A = BASIC; B = FUNDAMENTALS; C = INTEGRATIVE; D = ELECTIVE BY THE STUDENT; E = ENGLISH LANGUAGE; F = INTERSHIP; X = SURPLUS

HERE ENCLOSED:

COURSES PROGRAM (DISCRETION OF THE COURSE COMMITTEE)

The Committee, during the meeting of (date)
according to the approved career, reported on the previous pages,

admits the student to the **1° 2° 3°** year of

Undergraduate degree requested
Master of science requested

Indicates in the notes the motivation for the exams that can not be validated, in part or in full, and gives instructions about those recognized in part.
It also indicates the subject that must be included in the plan of study and the recommended ones.

NOTES

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Siena,.....

COMMITTEE CHAIRMAN

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COMMITTEE SECRETARY

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