

# REQUEST FOR CHANGE OF STUDY PLAN

### TO THE RECTOR

The undersigned			Student ID Number			
(Tel	cell	e-mail	)			
student of the	year on course □ repeating □ out of course □, in the					
bachelor degree □	master degree □ in					

#### WOULD LIKE TO CHANGE HIS/HER STUDY PLAN AS INDICATED BELOW

		INSERT				REMOVE			NOTES
SUBJECT	SSD	COURSE TITLE	CFU	SUBJECT	SSD	COURSE TITLE	CFU	TAF	
CODE				CODE					

IN CASE OF A REQUEST FOR "FREE CREDITS", PLEASE INDICATE IN THE "NOTES" THE NAME OF THE PROGRAM IN WHICH THE COURSE IS DELIVERED AND ATTACH DETAILS OF THE COURSE PROGRAMME.

## PLEASE ATTACH YOUR CURRENT STUDY PLAN TO THIS REQUEST

	REASONS FOR THE STUDY PLAN CHANGE REQUEST (OPTIONAL	.)
BIENA,		STUDENT

## RESERVED TO THE TEACHING COMMITTEE

☐ APPROVED ☐ NOT APPROVED	TEACHING COMMITTEE MEETING OF (date)
THE STUDY PLAN HAS NOT BEEN APPROVED	FOR THE FOLLOWING REASONS
	COMMITTEE CHAIRMAN