



UNIVERSITÀ DI SIENA 1240

**DEPARTMENT OF SOCIAL, POLITICAL AND COGNITIVE SCIENCES (DISPOC)
STUDENTS AND COURSE ADMINISTRATION OFFICE**

REQUEST TO MODIFY THE STUDY PLAN

Matriculation no. _____

I, the undersigned, (full name) _____

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

Enrolled for a.y. _____ on the _____ year on schedule not on schedule with exams (*fuori corso*) in the

- First cycle degree course in _____
curriculum _____
- Second cycle degree course (*Specialistica* *Magistrale*) in _____
curriculum _____

REQUEST

Permission to modify the study plan as follows:

FIRST YEAR							
present MODULE	CODE	credits (CFU)	(*)	NEW MODULE	CODE	credits (CFU)	(*)

(*) MARK ELECTIVES (CREDITI LIBERI) WITH AN "X"

SECOND YEAR

present MODULE	CODE	credits (CFU)	(*)	NEW MODULE	CODE	credits (CFU)	(*)

THIRD YEAR

present MODULE	CODE	credits (CFU)	(*)	NEW MODULE	CODE	credits (CFU)	(*)

(*) MARK ELECTIVES (CREDITI LIBERI) WITH AN "X"

Siena, _____ (date)

STUDENT'S SIGNATURE

N.B. Any change to the study plan must be made on the basis of teaching activities offered in the current a.y. Only students regularly enrolled in the current year may modify their plan of study. Students about to graduate who have requested "suspension of payment of the first instalment of university fees" cannot modify their study plan.

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THE TEACHING COMMITTEE IN THE SESSION OF _____ (DATE)

APPROVES

DOES NOT APPROVE

APPROVES IN PART

THE CHAIRMAN OF THE TEACHING COMMITTEE

TEACHING COMMITTEE

NOTES BY THE TEACHING COMMITTEE
