

Request for prior recognition of Schools (Summer-Winter Schools) and Courses organized by Italian and foreign universities and research organizations and institutes

Date _____

STUDENT DATA

Student surname and first name _____

Student number (matricola) _____

Study course _____

Course year _____

SCHOOL OR COURSE DATA

Summer/Winter School title or Course title _____

Name of the university or institution _____

CFU* _____ number hours _____

Course duration: from _____ to _____

School/course modality: in-presence online blended

Final examination? YES NO

School/Course Program (insert link or attach printed program)

Link: _____

Student signature

APPROVED by the **responsible teacher** attesting the validity of the School/Course

Surname and first name

Signature
