



**TO THE COORDINATOR OF THE CDL/CdLM**

The undersigned \_\_\_\_\_,  
born in \_\_\_\_\_, on \_\_\_\_\_, matricola n. \_\_\_\_\_,  
enrolled in the Degree Course in \_\_\_\_\_

**REQUEST**

the total / partial recognition of the exams carried out at the following foreign University:

\_\_\_\_\_

Attached are:

- 1) This form completed and signed;
- 2) Original certificate of the exams taken accompanied by an official translation in Italian or English;
- 3) Syllabus of the courses for which recognition is requested;
- 4) Documentation describing the evaluation system adopted in the University of origin with an indication of credits/hours of study and grading system.

Partial recognition of the exams carried out at the University of origin (incoming transfer, and course programs):

Attached:

recognition of credits for having carried out the following training activity

	<b>Exam name</b>	<b>Credits</b>	<b>Academic Discipline</b>	<b>Score</b>	<b>Date</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
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<b>18</b>					
<b>19</b>					
<b>20</b>					

Place and date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)