

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

	Exam name	Credits	Academic Discipline	Score	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Place and date: _____

(Signature)