



Università
degli Studi di
Messina

DIPARTIMENTO DI SCIENZE
MATEMATICHE E INFORMATICHE,
SCIENZE FISICHE E SCIENZE DELLA TERRA

object: REQUEST OF CFU RECOGNITION FROM PREVIOUS CAREER

To Coordinator

The Requester (surname/name) _____ Serial n° _____

Fiscal Code _____ Born in _____

The _____ Based in _____ in Street _____

Phone _____ E-Mail _____

Enrolled in the faculty course of _____

In the Academic Year _____ / _____ Year of course ☐ I ☐ II ☐ III ☐ OFF COURSE
☐ IV ☐ V ☐ VI ☐ PART TIME

Enrolled in the Academic Year _____ / _____

CHIEDE

To whom it may concern the attribution of CFU related the activities listed below:

Academic Course	Discipline *	SSD **	Exam Date	CFU ***	Vote

* - Attach certification of taken exams and the related programmes.

** - Disciplinary Scientific Sector - new order -. For the old order indicate acronym **O.O. (old order)**.

*** - If old order indicate if Yearly (Y) or Half-yearly (HY).

DATE

SIGNATURE OF REQUESTER

Messina, _____

N.B. the compilation is OBLIGATORY in all its fields. Incomplete requests will be rejected.

SEND THIS FORM TO: protocollo@unime.it

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