Università
degli Studi di
Messina
DIPARTIMENTO DI SCIENZE
MATEMATICHE E INFORMATICHE,
SCIENZE FISICHE E SCIENZE DELLA TERRA

Object: REQUEST OF CFU ATTRIBUTION FOR CHOSEN ACTIVITIES OF THE STUDENT
☐ Curriculars ☐ Extracurriculars

To Coordinator

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

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 _____ / _____

CONTACTS - Phone _____ E-Mail _____

REQUESTS

To whom it may concern the attribution of related CFU, as part of chosen activities of the student listed below:

Activity	Date	CFU

It is attached, the related documentation.
☐ - Check if the request is sent for the purpose of achieving to **NO TAX AREA**

DATE

Messina, _____

SIGNATURE OF REQUESTER

_____

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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