



**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](mailto:protocollo@unime.it)**