

To the MAGNIFICENT RECTOR

To whom it may concern

To the PRESIDENT OF THE DEGREE COURSE in  
MEDICINE AND SURGERY

The undersigned Mr/Ms/Mrs \_\_\_\_\_(name/ surname)

e-mail \_\_\_\_\_

year of enrollment \_\_\_\_\_

Degree Course \_\_\_\_\_

**REQUEST FOR**

the recognition/validation of the exams listed below taken in the previous career in

\_\_\_\_\_  
(name the previous degree course)

at the University of \_\_\_\_\_ (name the university)

a) from which I have withdrawn on \_\_\_\_\_(dd-mm-yy)

b) where I have graduated on \_\_\_\_\_ (dd-mm-yy)

c) from which I have transferred (after passing an admision test) on \_\_\_\_\_(dd-mm-yy)

Exams for which recognition/validation is requested (CFU if applicable)

(eg Integrated course Cells and Tiissues Module Applied Biology)

1 Integrated course.. ..

Module .....

2 1 Integrated course.. ..

Module .....

3 1 Integrated course.. ..

Module .....

4 1 Integrated course.. ..

Module .....

5 1 Integrated course.. ..

Module .....

6 1 Integrated course.. ..

Module ..

PARMA, \_\_\_\_\_

Student signature

\_\_\_\_\_

Attachments required:

- Transcript of records
- Syllabus showing the study program of each subject
- Copy ID or Passport