

To whom it may concern

To the MAGNIFICENT RECTOR

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 based on 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a) from which I have withdrawn on _____(dd-mm-yy)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 admission test) on _____(dd-mm-yy)

Exams for which recognition/validation is requested (eg Integrated course: Cells and Tissues

– Module: Applied Biology) and CFU (where applicable):

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:

- ID or Passport