To the Coordinator of the Single Cycle Degree Course
in Medicine and Surgery

OFFICE

## Exam validation request

I, the Undersigned,

Student identification number _____

Surname_____ Name _____

Place of birth_____date of birth\_\_\_/_____/_____

Address of residence_____Province (\_\_\_) Postal code_____

Telephone_____E-mail _____

## REQUEST FOR VALIDATION

| UniME – International Medical School | | | | Degree Course _____ University of _____ | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Modules for which validation is requested | ECTS | SDS* | Integrated Course | Modules already taken that are requested for validation | ECTS/ Credits | SDS* | Integrated Course | Date | Mark | Language |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*Scientific Disciplinary Sector

Attached:

- Syllabus of courses (learning goals, prerequisites, contents, teaching methods ...)
- Substitutive Declaration for the qualifications/exams earned (Mod. DS01-ME)
- Official identification document


Date

Signature

_____


The undersigned also declares pursuant to and for the effects of Presidential Decree 445/2000, art. 46 and 47 that the syllabuses of the courses for which validation is requested and which are attached to the present application are those of the lessons attended and/or exams taken.


Date

Signature

_____

# *Università degli Studi di Messina*

## SUBSTITUTIVE DECLARATION OF UNIVERSITY ENROLMENT-DEGREES EARNED-EXAMS

(article 46 D.P.R. 28/12/2000 n. 445)

### The undersigned

Student identification number_____

Surname_____ Name_____

Place of birth_____ Date of birth __/__/_____

Place of residence_____ n._____

City _____ Province (__) Postal code _____

Telephone _____ mobile_____ _____

  **Declares** under his/her/ own personal responsibility to be aware of the criminal sanctions referred to in Article 76 of Presidential Decree 445/2000 in the case of untruthful declarations and falsehoods in acts, the following (tick the corresponding items):

☐   To be enroled at/graduated from/ the University of _____

☐   Degree course_____ Faculty/Dept. _____

☐   To have earned the degree in _____ on (date) _____
   with the final mark of:_____

☐   to have completed the following exams/learning activities:

| Title of exam/educational activity | Mark | Date | ECTS | SDS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Messina, __/__/ ____       Signature_____

              *(full signature)*

*Sign in the presence of a University official or attach a signed photocopy of identification document to this declaration.*

_____