TO THE DIRECTOR OF THE

DEPARTMENT OF BIOMEDICAL SCIENCES, DENTAL SCIENCES, AND MORPHOLOGICAL & -FUNCTIONAL IMAGES

TO THE HEAD OF THE

MASTER DEGREE COURSE IN

MEDICINE & SURGERY

*and, for reference,* TO THE MEDICAL STUDENT SECRETARY

***Subject: Request for recognition of credits for attendance to activities organized by the University***

The undersigned Matr. n.

Tax ID code email

(use only the UniME mail address, i.e*. username*@studenti.unime.it)

Enrolled for the a.y. / in the Master’s Degree Course in Medicine & Surgery

in accordance with and for the purposes of articles 46 and 47 of DPR 445/2000, and aware of the sanctions referred to in art. 76 of Presidential Decree 445/2000 for those who make false and mendacious declarations

DECLARES

# to have attended the following initiatives:

*(in case the declaration involves more than 1 page, each page shall be fully signed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N.** | **Event title** | **(1) Initiative approved by** | **Date** | **Credits (CFU)** |
| **Department of:** | **Academic****Senate** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

1. **Please, specify if the initiative has been approved by UniME Academic Senate or one of UniME Departments**

TOTAL Credits\_\_\_\_\_\_\_\_\_\_\_\_\_

# ASKS

the recognition of related credits as:

* elective activities
* other educational activities
* extra-curricular credits (to be managed by the Medical Student Secretary)