UNIVERSITÀ DEGLI STUDI DELL'INSUBRIA

CREDITS/EXAMS RECOGNITION FORM

I, THE UNDERSIGNED

Surname ……………………………….. Name …………….. … Student No.. …………..………..

REQUEST

☐ automatic recognition of language certificates

☐ automatic recognition of additional computer skills

☐ recognition of other activities to be submitted to the evaluation body:

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Date ....
                                                                (Signature)*