



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

AREA
DI CAMPUS DI FORLÌ

Academic Year

RECOGNITION THESIS PREPARATION CFU/ECTS

The application must be submitted in the second year of the course, according to the study plan of the student

University Registration Number

The undersigned

born inon

resident in zip code..... inphone.....

registered for the A.Y..... to/2nd year of Two year Master Degree Course
“Aerospace Engineering” (Code 8769)

REQUESTS

the recognition as Thesis Preparation CFU/ECTS of an amount of hours worked at:

Organization / Company for the aforementioned activity:

.....

Address.....

Zip code..... City Phone.....

Starting date

Please find attached:

1. Copy of employment contract or declaration signed by the person in charge of the company
2. Certificate of work activity showing the length of the contract and the position of employment
3. Report of the carried out activity

Forlì,

Student Signature

SETTORE SERVIZI DIDATTICI CAMPUS DI FORLÌ/UFFICIO GESTIONE CDS INGEGNERIA

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