

Student number \_\_\_\_\_

**ALMA MATER STUDIORUM UNIVERSITY OF BOLOGNA**  
**School of Economics and Management – Bologna**  
**Department of Statistical Sciences - Bologna**

Academic year of choice.....

I, the undersigned, hereby.....

Born in .....on .....

Telephone number..... e-mail address: .....

Degree Programme in.....(code.....)

Enrolled in the ..... year

**I REQUEST THE ADDITION OF THE FOLLOWING TEACHING ACTIVITIES (AF):**

Degree Code	Teaching Code	Description Teaching Activity	CFU
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I REQUEST THE ELIMINATION OF THE FOLLOWING TEACHING ACTIVITIES (AF):**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date (DD/MM/YY)\_\_\_\_\_

(Student signature)\_\_\_\_\_

Approval Degree Programme Board on \_\_\_\_\_ Signature \_\_\_\_\_