

MATRICULATION NUMBER _____

ALMA MATER STUDIORUM UNIVERSITÀ DI BOLOGNA

SCHOOL OF ECONOMICS AND MANAGEMENT - Bologna campus.

DIP. STATISTICAL SCIENCES - Bologna

Academic year of choice.....

I, the undersigned.....

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

phone number.....

e-mail.....

Degree program in.....(code.....)

Enrolled at the year

I REQUEST TO ADD THE FOLLOWING TEACHING ACTIVITY(IES):

Degree program code	Teaching activity code	Teaching activity description	CFU

I REQUEST TO DELETE THE FOLLOWING TEACHING ACTIVITY(IES):

Degree program code	Teaching activity code	Teaching activity description	CFU

Date _____ (student signature) _____

Study Council approval on _____ Signature _____