



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA  
AREA DI CAMPUS DI FORLÌ

Forlì, \_\_\_\_\_

### CERTIFICATION

I hereby certify that \_\_\_\_\_ ID number \_\_\_\_\_

Enrolled in \_\_\_\_\_

on \_\_\_\_\_ has attended the lesson/has taken the exam of:  
(date)

\_\_\_\_\_  
(subject)

Held by Professor \_\_\_\_\_  
(Name and Surname)

PROFESSOR SIGNATURE

\_\_\_\_\_

This certification is hereby issued upon Student's request.