



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

DEPARTMENT
OF INDUSTRIAL ENGINEERING

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.

UNITA' OPERATIVA DI SEDE DEL DIN – DIPARTIMENTO DI INGEGNERIA INDUSTRIALE

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