MATRICULATION NUMBER **ALMA MATER STUDIORUM UNIVERSITÀ DI BOLOGNA DEP. 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):**

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| Degreeprogram code | Teaching activitycode | Teaching activity description | CFU |
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**I REQUEST TO DELETE THE FOLLOWING TEACHING ACTIVITY(IES):**

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| Degreeprogram code | Teaching activitycode | Teaching activity description | CFU |
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Date (student signature)

Study Council approval on Signature

**Students can submit their study plan to the Servizio Studenti (URP) – Piazza Scaravilli 2 (ground floor) during office hours:**

Monday: 09:30 – 12:30

Tuesday: 09:30 – 12:30

Wednesday: 14:00-16:30

Thursday: 14:00-16:30

**OR via email to** **ems.bo.studenti@unibo.it** **exclusively in the following periods: 1st period: 7th October – 7th November 2025**

**1st December – 12th December 2025 (Window reserved exclusively for students in course of enrolment)**

**2nd period: 12th January – 20th February 2026**

For more info, please contact the URP (tel. 051 20 98 000) during office hours.