

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):

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 _____

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: September 30 – October 20, 2024

December 2 – December 12, 2024 (Window reserved exclusively for students in course of enrolment)

2nd period: January 14 – February 21, 2025

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