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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_