



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA
AREA FORMAZIONE E DOTTORATO

REQUEST FOR GROUP CHANGE FOR INCOMING STUDENTS*

**TO BE SENT TO THE EMAIL mobility.law@unibo.it
WITHIN 30 DAYS FROM THE START OF THE COURSE**

I, the undersigned

NAME: _____

SURNAME: _____

STUDENT ID NUMBER (MATRICOLA) _____

E-MAIL: _____@studio.unibo.it

an incoming student at the Department of Legal Studies in the academic year ____/____

due to a scheduling conflict,
request authorization to attend classes for the following course:

COURSE NAME: _____

COURSE CODE: _____

NEW GROUP LETTER: _____

NEW GROUP PROFESSOR'S NAME AND SURNAME: _____

instead of the originally assigned group, which is scheduled at the following time:

Date:

Professor's Signature (new group):

Student's Signature

***NOTE – GENERAL RULE**

For courses divided into groups, Erasmus students must attend the group corresponding to the first letter of their surname, as indicated on Studenti Online. A group change is only allowed in cases of schedule conflicts, requiring authorization from the professor of the new group. This authorization must be obtained by having the present form signed within 30 days from the start of the course.

The signed form must then be sent to the following email: mobility.law@unibo.it

Without this authorization within the specified deadlines, it will not be possible to change groups, and requests submitted after the deadline will not be accepted.