

**Use the following form** IF you are choosing a learning activity that is offered by a different Degree Programme than Pharmacy (i.e. other than those offered within Pharmacy) and such Degree Programme has restricted access (in case of an open-access study programme, the student's choice, which is subject to the Degree Programme Coordinator's approval, has to be carried out online).

**In all the other cases it is necessary to fill out the study plan online on "Studenti Online"**

## **PHARMACY 1st YEAR - A.Y. 2024/2025**

### ELECTIVE LEARNING ACTIVITIES

I, the undersigned

Surname ..... Name ..... Student Number .....  
 Born in ..... Province/Country (.....) Date of birth .....  
 Address.....  
 City .....Province/Country (.....)  
 Postcode ..... Street ..... N.....  
 Tel..... Cell .....  
 E-mail (unibo) .....@studio.unibo.it

declare that I wish to make the following choices:

**Attention:** rules to follow

Credits (CFU) in this category must be earned by freely choosing from the learning activities organized at the University of Bologna, for at least the minimum of credits indicated. It is advisable to earn these credits with learning activities activated by or already present within the Degree Programme (See sections A and B). Students interested in choosing learning activities organized outside the learning offer provided by Pharmacy in Degree Programmes with restricted access (See section C), must first enquire about the conditions of acceptance with the didactic bodies that activate the course chosen. Please note that it is not possible to take twice, with positive results, examinations relating to learning activities with the same name or with the same content, deductible from the programmes.

The Degree Programme in Pharmacy requires, at the 1st year, a **minimum of 4 CFUs** (and a maximum of 8 CFUs) of activities to be chosen by the student from the following activities (A and/or B):

**A – LEARNING ACTIVITIES RECOMMENDED BY THE DEGREE PROGRAMME**

(Tick with an x the relevant boxes)

(x) code	Learning Activity	Period of lessons	SSD	cfu
[ ] 5987 - 90954	BASIC LIFE SUPPORT AND LIFE STYLES	2	BIO/16	4
[ ] 5987 - 92625	INTRODUCTION AND PERSPECTIVES OF PHARMACY COURSE	2		4

**B – ANY LEARNING ACTIVITY ORGANIZED AT THE UNIVERSITY OF BOLOGNA IN DEGREE PROGRAMMES WITH RESTRICTED ACCESS**

Fill in the part below with the details of the learning activities to include in your study plan:

1. Code: ..... Learning Activity: .....

.....  
Degree Programme .....

School/Department..... Place (Campus)..... CFU .....

2. Code: ..... Learning Activity: .....

.....  
Degree Programme .....

School/Department..... Place (Campus)..... CFU .....

3. Code: ..... Learning Activity: .....

.....  
Degree Programme .....

School/Department..... Place (Campus)..... CFU .....

I also declare:

1. to be enrolled in the A.Y. 2024/2025 and to have paid the first instalment of tuition fees, and to be aware that, in case of non-payment, the choice will be not valid, without any further notice;
2. that the only document attesting that the application has been correctly received is the receipt specifically issued by the Students Administration Office, which must be duly kept by the student;
3. that in case of choice of learning activities belonging to Degree Programmes with restricted access, a preliminary authorization is necessary; such authorization must be requested, through the Students Administration Office, to the Degree Programme Board to which that learning activity refers;
4. that I must enquire at the competent Degree Programme about the rules governing the learning activity chosen outside the offer of Pharmacy (in particular prerequisites, attendance rules, period in which the activity is held and dates from which it is possible to attend the examination);
5. that I cannot insert learning activities belonging to 2nd cycle Degree Programmes (lasting two years);
6. that I will be able to attend the exams of the elective activities only if these have been chosen under the indicated conditions of validity.

Duly completed and signed form (used exclusively in the aforementioned cases) must be sent to the Students Administration Office mailbox: [segrimini@unibo.it](mailto:segrimini@unibo.it) together with a copy of an ID **exclusively from the institutional email address** ([name.surname@studio.unibo.it](mailto:name.surname@studio.unibo.it)), within the following deadlines:

- **First time window: 1 November 2024 - 21 November 2024**
- **Second time window: 16 December 2024 - 26 February 2025**

Date

Signature