

**Use the following form** IF you are choosing a teaching 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 in the study plan online through the application "Studenti Online"**

## **PHARMACY 5th 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

I declare that I wish to make the following choices:

### **4<sup>TH</sup> YEAR**

#### **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 or already present at the Degree Programme (See section A). Students interested in choosing learning activities organized outside the learning offer provided by Pharmacy in Degree Programmes with restricted access (See section B), must first enquire about the conditions of acceptance at 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 programs.

The Degree Programme in Pharmacy requires, at the 4th 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**).

Moreover, it is necessary to choose the type of the internship/preparation for final dissertation (12CFU) - Section C.

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

(Tick with an x the relevant boxes)

(x ) code	Learning Activity	Period of lessons	SSD	cfu
<input type="checkbox"/> 5987 - 36420	ACQUISIZIONE DI CAPACITÀ GESTIONALI ED INFORMATICHE IN FARMACIA	2	CHIM/09	4
<input type="checkbox"/> 5987 – 94236	CHEMISTRY OF ANTIOXIDANTS	2	CHIM/06	4
<input type="checkbox"/> 5987 – B2956	CIRCULAR ECONOMY IN THE PHARMACEUTICAL AND COSMETIC INDUSTRY	2	CHIM/11	4

<input type="checkbox"/>	5987 – 65219	DERMATOLOGY	2	MED/35	4
<input type="checkbox"/>	5987 – B2958	FOOD CHEMISTRY AND NUTRACEUTICALS	2	CHIM/10	4
<input type="checkbox"/>	5987 – B3162	METABOLOMICS IN LIFE SCIENCES	2	BIO/10	4
<input type="checkbox"/>	5987 – 99734	MONITORING OF PHARMACEUTICAL DRUGS AND DOPING AGENTS	2	CHIM/08	4
<input type="checkbox"/>	5987 – 99726	NANOSCIENCES FOR PHARMACY AND MEDICINE	2	CHIM/03	4
<input type="checkbox"/>	5987 – B2957	PAEDIATRIC AND GERIATRIC MEDICINAL PRODUCTS	2	CHIM/09	4
<input type="checkbox"/>	5987 – B3081	RADIOPHARMACEUTICALS FOR MOLECULAR IMAGING AND RADIOLOGY AND THERAPY	1	CHIM/03	4

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

Fill in the part below with the indications relating to the learning activities to include in the study plan:

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

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

School/Department..... Place..... CFU .....

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

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

School/Department..... Place..... CFU .....

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

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

School/Department..... Place..... CFU .....

**C –PREPARATION/INTERNSHIP FINAL DISSERTATION**

(Tick with an x the relevant boxes)

(x)	code	Learning Activity	Period of lessons	SSD	cfu
<input type="checkbox"/>	91056	METHODS AND RESEARCH TOOLS FOR THE COMPILATIVE OR PRACTICAL-PROFESSIONAL DISSERTATION	1		12
<input type="checkbox"/>	91057	PREPARATION FINAL DISSERTATION ABROAD	1		12
<input type="checkbox"/>	91059	INTERNSHIP FINAL DISSERTATION ABROAD	1		12

(x)	code	Learning Activity	Period of lessons	SSD	cfu
<input type="checkbox"/>	91060	INTERNSHIP FINAL DISSERTATION	1		12

## 5<sup>TH</sup> YEAR

### **Attention: rules to follow**

Credits (CFU) in this category must be earned by choosing the option “B3839 TPV Evaluation Internship LM I.C.” **ONLY** if the internship is partially carried out within a Hospital pharmacy. In all other cases, the choice will have to be “B3070 TPV Evaluation Internship LM”.

The Pharmacy degree programme foresees, at year 5, 30 CFUs for the TPV Evaluation Internship:  
(Tick with an x the relevant boxes)

(x)	code	Learning Activity	Period of lessons	SSD	cfu
<input type="checkbox"/>	B3839	TPV EVALUATION INTERNSHIP LM I.C. <i>To be chosen only for internships partially carried out in a hospital pharmacy</i>	1		30
<input type="checkbox"/>	B3070	TPV EVALUATION INTERNSHIP LM	1		12

### 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; this 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 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 forms (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