

**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. 2025/2026**

### 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   |

|     |              |                                                      |   |         |   |
|-----|--------------|------------------------------------------------------|---|---------|---|
| [ ] | 5987 – 65219 | DERMATOLOGY                                          | 2 | MED/35  | 4 |
| [ ] | 5987 – B2958 | FOOD CHEMISTRY AND NUTRACEUTICALS                    | 2 | CHIM/10 | 4 |
| [ ] | 5987 – B3162 | METABOLOMICS IN LIFE SCIENCES                        | 2 | BIO/10  | 4 |
| [ ] | 5987 – 99734 | MONITORING OF PHARMACEUTICAL DRUGS AND DOPING AGENTS | 2 | CHIM/08 | 4 |
| [ ] | 5987 – B2957 | PAEDIATRIC AND GERIATRIC MEDICINAL PRODUCTS          | 2 | CHIM/09 | 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 |
|-----|-------|---------------------------------------------------------------------------------------|-------------------|-----|-----|
| [ ] | 91056 | METHODS AND RESEARCH TOOLS FOR THE COMPILATIVE OR PRACTICAL-PROFESSIONAL DISSERTATION | 1                 |     | 12  |
| [ ] | 91057 | PREPARATION FINAL DISSERTATION ABROAD                                                 | 1                 |     | 12  |
| [ ] | 91059 | INTERNSHIP FINAL DISSERTATION ABROAD                                                  | 1                 |     | 12  |
| [ ] | 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 (half) carried out within a hospital pharmacy or partially (half) carried out abroad. 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 |
|-----|-------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|-----|
| [ ] | B3839 | TPV EVALUATION INTERNSHIP LM I.C.<br><i>To be chosen only for internships partially carried out in a hospital pharmacy or abroad</i> | 1                 |     | 30  |
| [ ] | B3070 | TPV EVALUATION INTERNSHIP LM                                                                                                         | 1                 |     | 30  |

**I also declare:**

1. to be enrolled in the A.Y. 2025/2026 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: 27 October 2025 - 20 November 2025**
- **Second time window: 15 December 2025 - 27 February 2026**

Date

Signature