Exam validation request

I, the Undersigned,

Student identification number _____

Surname_____   Name _____

Place of birth_____date of birth____/_____/_____

Address of residence_____Province (___) Postal code_____

Telephone_____E-mail _____

REQUEST FOR VALIDATION

UniME – International Medical School				**Degree Course** _____ **University of** _____						
Modules for which validation is requested	ECTS	SDS*	Integrated Course	Modules already taken that are requested for validation	ECTS/ Credits	SDS*	Integrated Course	Date	Mark	Language

*Scientific Disciplinary Sector

Attached:

- Syllabus of courses (learning goals, prerequisites, contents, teaching methods...)
- Transcript of records with evidence of the modules/courses requested for validation, mark, date and ECTS/credits (if available)
- Official identification document

Date

Signature

_____

The undersigned also declares pursuant to and for the effects of Presidential Decree 445/2000, art. 46 and 47 that the syllabuses of the courses for which validation is requested and which are attached to the present application are those of the lessons attended and/or exams taken.

Date

Signature

_____