RECOGNITION OF LANGUAGE CERTIFICATES
ISSUED BY THE
UNIVERSITY LANGUAGE CENTRE (CLA)

To the President of the
Teaching Committee
Department of Human Sciences
University of Verona

I, the undersigned (name, surname) ____________________________________________
Student ID no. _________________ enrolled for the academic year ______________,
on the following degree programme:

☐ Bachelor’s degree in Education (L-19) – ‘type D’ elective credits;
☐ Bachelor’s degree in Philosophy (L-5) – ‘type F’ elective credits;
☐ Bachelor’s degree in Organisational Training (L-19/L-24) – ‘type D’ elective credits;
☐ Master’s degree in Pedagogical Science (LM-85) – ‘type D’ elective credits;
☐ Bachelor’s degree in Social work (L-39) – ‘type D’ elective credits;
☐ Master’s degree in Human Resources Training and Development (LM-51/LM-57) – ‘type D’ elective credits, year 2;
☐ Master’s degree in Philosophy (LM-78) – ‘type F’ elective credits;
☐ Master’s degree in Social work (LM-87) – ‘type D’ elective credits;
☐ Single cycle/Combined Bachelor+Master's degree in Primary Teacher Education (LM-85 Bis) – ‘type D’ elective credits;
☐ Bachelor’s degree in Psychological Sciences for Training and Professional Development (L-24) – ‘type D’ elective credits;
☐ Master’s degree in Psychology for Training and Professional Development (LM-51) – ‘type D’ elective credits.

REQUEST

that the following language certificate issued by the University Language Centre (CLA - Centro Linguistico di Ateneo) be recognised and counted towards the completion of my degree programme:

Language ____________________________________________________ level ______________________
Date ______________________________ score ______________________

☐ I am about to graduate and expected to graduate in the following graduation session:

_____________________________________

I also declare that I have already passed the _________________ language exam as part of my degree programme, and hereby attach the relevant language certificate.

Verona, on (date) __________

Signature ________________________________

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