



TO THE RECTOR OF THE UNIVERSITY OF VERONA

I, the undersigned student ID number

born in (place) on (date)

residing in (full address with postcode)
.....

mobile phone personal e-mail address:.....

enrolled at the University of Verona in the Bachelor's/Master's degree programme in

(please specify):
.....

☐ **RECOGNITION OF PRIOR LEARNING**

REQUEST

recognition of credits obtained during my previous degree programme, where:

☐ I have graduated

☐ my student status has lapsed

☐ I have withdrawn from studies

I hereby attach a self-certification, which includes a list of the exams/modules that I have completed, the relevant subject areas (SSD - Scientific-disciplinary Sectors), marks obtained and date when each exam was recorded, exam programs, along with the corresponding number of CFU (ECTS) gained and - if already a graduate - the full title of the qualification obtained.

I hereby attach a copy of a valid identity document.

Send the form and documentation to: **ufficio.protocollo@pec.univr.it**

Please note: a fee of €200 will be charged for this request.

Verona, on

Signature*

*This declaration is not subject to the authentication of the applicant's signature.