



APPLICATION FOR ECTS CREDITS RECOGNITION

The
undersigned _____
born in _____ (prov. _____) on _____
and resident in _____ (prov. _____) address _____
Post Code _____ Phone n. _____ Mobile n. _____
e-mail _____ nationality _____
Tax Code _____
possessing the following qualification _____
enrolled in the _____ year of the Study Course in _____
of the Faculty/Department _____ at
the University _____

ASKS

the Academic Committee to evaluate the educational activities listed in the following pages, in order to establish an ECTS credits recognition for:

- Application of Transfer from/to another Italian University;
- Application of new enrollment to the Study Course in Linguistic Mediation;
- Application of enrollment to the 2nd or 3rd year of the Study Course in Linguistic Mediation.

He/She is attaching a copy of the Certificate of passed exams/ Degree Certificate with passed exams.

Matera, date _____

Signature
