**Subject: Request for final validation of courses/conferences/seminars/workshops**

I, (name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled to the (year of the course) \_\_\_\_\_\_\_\_\_\_, in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, curriculum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (student ID code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**REQUESTS**

the final validation, as training activities according to art. 10, of the following internships/traineeships/courses/conferences/seminars:

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| **Name of the activity** | **CFU (ECTS)** | **Date of the**  **MCs Degree Course Council resolution[[1]](#footnote-1)** |
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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

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1. Please specify the date on which the Council resolved the recognition, along with the respective ECTS credits, of the aforementioned educational activity (N.B.: Council resolution dates can be found on the Study Program's website).

   **In case of unavailability of such information, please attach appropriate documentation to this form proving the effective completion of the aforementioned activity (e.g., attendance certificate) issued by the organizers of the same activity.** [↑](#footnote-ref-1)