

| To the Dean of the Study Plan Comm      | nission                            |             |                                       |     |
|---|------------------------------------|-------------|---------------------------------------|-----|
| Of the Bachelor's Degree/Master's I     | Degree in                          |             |                                       |     |
| (only for students who have to graduate | yet and for students<br>Online Por |             | out the study plan through the Serviz | zi  |
| I, the undersigned                      |                                    |             |                                       |     |
| Student ID                              | enrolled for t                     | he academic | year in                               | the |
| Bachelor's Degree / Master's Degree     | e in                               |             |                                       |     |
|   | HEREBY ASI                         |             |                                       |     |
| The following elective courses are ac   | dded in the study                  | plan:       |                                       |     |
| Elective course                         | (                                  | CFU/ECTS    | Professor                             |     |
|   |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
| Reason for my request:                  |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
|   |                                    |             |                                       |     |
| Date                                    | ate                                |             | Signature                             |     |