 Matricola Number .................………......

the undersigned …….....................................……......………………………..………..…………………...

enrolled for Academic Year………..……………………… at year at

* Degree **** Master Degree in………………………………………………..…………………………………………………………………

**proposes** the following changes to the last study plan presented and approved, a copy of which is attached (downloadable from your ESSE3 student reserved area)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **exam to be replaced** | SSD | **CFU** | **exam to be entered (\*)** | **SSD** | **CFU** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**(\*) Only courses activated in the current academic year can be included**

(Reason for substitutions only if the proposed changes are different from those allowed*)*

…………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

date ..................................... signature ............................................

telephone number .......……...................……………………….............

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Please note:**

* if presented after the deadline, contact the Registrar Office for the late payment fee
* if sent by mail, attach a copy of an identity document