

## EXAMS RECOGNITION REQUEST

EU AND NON-EU STUDENTS ENROLLED IN THIS UNIVERSITY AT THE CDLM IN MEDICINE AND SURGERY IN ENGLISH, THAT HAVE A PREVIOUS CAREER MAY ASK FOR EXAMS RECOGNITION.

TO APPLY JUST FILL THE BELOW FORM, SCAN IT ATTACHING A CAREER TRANSCRIPT, EXAMS SYLLABUS FOR EACH OF THE REQUESTED EXAMS, AND MAIL EVERYTHING (**IN ONE SINGLE PDF FILE**) TO [IMATENROLLMENT@UNICAMPANIA.IT](mailto:IMATENROLLMENT@UNICAMPANIA.IT) WITH A COPY OF YOUR PASSPORT ID, THE SUBJECT OF THE EMAIL MUST BE: IMAT EXAMS RECOGNITION "NAME, SURNAME AND STUDENT ID NUMBER" (THE ONE THAT STARTS WITH A90).

NOTE THAT PREVIOUS CAREER EXAMS MUST HAVE BEEN TAUGHT IN ENGLISH LANGUAGE TO BE RECOGNIZED, THE TRANSCRIPT AND SYLLABUS MUST BE IN ENGLISH LANGUAGE AND OFFICIAL (STAMPED BY YOUR UNIVERSITY).

NAPLES, 21/10/2021

The MEDICINE AND SURGERY STUDENTS OFFICE

**REQUEST OF EXAMS RECOGNITION  
MEDICINE AND SURGERY IN ENGLISH**

**To the President of the Course of Degree  
in Medicine and Surgery in English**

The undersigned \_\_\_\_\_:

STUDENT ID NR. A90 \_\_\_\_\_

asks for the evaluation of following previous career exams, achieved at the course of Degree:

at the University of \_\_\_\_\_

Course of degree in \_\_\_\_\_:

EXAM	GRADE/SCORE	CREDITS	DATE

Student signature

Naples  
Date:

\_\_\_\_\_