**Immagine che contiene testo, Carattere, Elementi grafici, bianco

Descrizione generata automaticamente MEDICINE AND SURGERY IN ENGLISH**

**Exams/ECTS Credits form for Previous Academic Records validation request**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME:** | | | |
| **NAME:** | | | |
| **STUDENT ID NUMBER (A90):** | | | |
| **PREVIOUS COURSE OF DEGREE:** | | | |
| **PREVIOUS UNIVERSITY:** | | | |
|  | | | |
| **EXAM** | **DATE** | **GRADE** | **CREDITS/CFU** |
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The present form should be filled out in Word and sent to the email address indicated in the exams validation request instructions. In the email, you must attach a copy of a certificate of the exams taken during the previous degree program.

You can add in the grade column the ECTS if provided.