



**Università
degli Studi
di Palermo**

DIPARTIMENTO DI SCIENZE
POLITICHE E DELLE RELAZIONI
INTERNAZIONALI



To the Coordinator of the Degree Course in

.....

Subject: request for credit validation

The student.....Place of birth.....
 Date of birth.....fiscal
 code.....
 Address.....City,
 Country.....
 Phone number.....
 enrolled in the.....year of the degree course
 in.....
course
 code.....matriculation.....

Request

Credit validation of (please indicate the activity: e.g. traineeship, seminar,
 Workshop, etc.)

 End date (as per certificate or platform).....
 Released by (Optional).....
 N. of CFU.....

Date and place.....

Signature

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