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

…………………………