



UNIVERSITÀ
DEGLI STUDI
FIRENZE

Marca da bollo
16 Euro

AT THE COMMITTEE OF THE MASTER DEGREE IN

OF THE SCHOOL OF

I undersigned, N. **MATRICOLA** _____

LAST NAME _____ **FIRST NAME** _____

Date of birth ____/____/____ place of birth _____

Enrolled for the academic year ____/____ at the ____ year

ON TIME OUT OF TIME NEAR-GRADUATE

ACADEMIC YEAR OF ENROLLMENT ____/____

ASK TO CHANGE THE STUDY PLAN APPROVED THE ____/____/____

COURSES TO ELIMINATE:

code _____ name _____ CFU _____

code _____ name _____ CFU _____

COURSES TO INCLUDE:

code _____ name _____ CFU _____

code _____ name _____ CFU _____

MOTIVATION (mandatory): _____

Date _____

Signature _____