



DIPARTIMENTO di BIOLOGIA



UNIVERSITÀ
DI PISA

CREDITS FOR ELECTIVE CLASSES / SUPERNUMERARY CREDITS
FOR COURSES HELD AT SCUOLA NORMALE SUPERIORE

I, the undersigned _____ Student n. _____

Enrolled in the course of study titled: _____

REQUEST

The exam titled: _____

Number of ECTS credits: _____

Scientific Disciplinary Sector: _____

Grade: _____

taken in (DD/MM/YYYY) ____/____/_____, at the Scuola Normale Superiore, to be recognized and recorded in my university career as:

- ☐ Exam with supernumerary credits
- ☐ Exam included in the list of elective classes (authorization from the Course of study Council was obtained in (DD/MM/YYYY) ____/____/_____)*

* Any credits acquired for exams taken without prior authorization from the Course of study Council cannot be recorded in the student's university career as credits for elective classes.

Date ____/____/_____

Student's signature:

Please send this form to: didattica@biologia.unipi.it