Preliminary assessment

Student ID _____

The undersigned _____
Born in (city – country) _____on (date) _____
Residing in (address – city – country) _____
_____ Postal code _____
E-mail_____
Landline _____Mobile Phone _____

Regularly enrolled for the a. y. _____ to _____ year of the Single Cycle Degree Programme in Veterinary Medicine based on the *Ordinamento* (Ministerial Decree no. 270/04 ord. 2011)

REQUESTS

The following teaching units to be recognized in order to ensure a successful transition to the *Nuovo Ordinamento* of the Single Cycle Degree Course in Veterinary Medicine

Degree Course	University	Teaching unit	SDS*	No. of hours	ECTS

*SSD = Scientific-disciplinary sector

The undersigned also declares to be fully informed that, pursuant to Art. 13 of D.Lgs. 196/2003, personal data will be handled electronically as well as through non-electronic means for the purposes of this declaration.

_____,_____ _____
(Place) (Date) (Signature)