



Form to be sent to: protocollo@unime.it

To the Director of

and, for information to the Student Secretariat ^(a)

U.OP. _____

ADVANCE EXAM REQUEST

The undersigned _____ Registration number _____

Born in _____ () on _____ Fiscal Code _____

Phone number _____ e-mail _____
(use the institutional email username@studenti.unime.it)

Enrolled for the academic year _____ / _____ to the

- Bachelor degree in: _____
 Single cycle master's degree programme in: _____
 Master's degree course in: _____

at the Department of _____

having (tick the box):

- already taken all the exams scheduled for your course year and for previous years;
 already taken all the exams foreseen in the first semester of the study plan for the A.A. in progress and for the previous years;

REQUIRES

The advance of the following exam or exams (max 2) for which propaedeutic exams are not foreseen:

| DISCIPLINARI SCIENTIFICI SECTOR | Training activity | University credits | TAF | Attendance at lessons ^(b) % | Exam date | Period of attendance (indicate whether the examination, by study plan, is expected in the first semester, II semester or annual period) |
|---------------------------------|-------------------|--------------------|-----|--|-----------|---|
| | | | | | | |
| | | | | | | |

The frequency register (if applicable) is attached.

Place and date

Signature

(a) Identify your Student Secretariat correctly.: <https://www.unime.it/it/studenti/segreteria-studenti>.

(b) If the Study Program requires compulsory attendance of lessons, early examinations may be requested provided that the percentage of attendance at the date of the advance request reaches at least the minimum value established by the Educational Regulations of the Study Programme.

The information on the processing of personal data, provided pursuant to the GDPR, is published in the Privacy section of the University portal at the address <http://unime.it/it/ateneo/privacy>.