



Elective course a.y. 2024/2025

Student's choice

To be signed and sent to the Department Administrative Office (supportostudentiecogiursi@unitn.it) from your official UniTrento mailbox in the periods:

October 7-November 8, 2024

|

March 3-28, 2025

I, the undersigned (surname and name) _____,

matr. N. _____, email _____@studenti.unitn.it

enrolled in the Master in _____

enrolled in the Bachelor degree in _____

hereby ask to insert or delete the following elective course in the study plan

AD CODE	EXAM/COURSE TO INSERT	ECTS	FACULTY/DEPARTMENT
AD CODE	EXAM/COURSE TO DELETE	ECTS	FACULTY/DEPARTMENT

Date _____

Signature _____

Notes:

Please mind the deadline! The elective course must be chosen in the mentioned periods. Changes in the choices can be made in the mentioned periods only.

The present document shall be sent by email to supportostudentiecogiursi@unitn.it from your official UniTrento mailbox.