** MEDICINE AND SURGERY IN ENGLISH**

**Exams/ECTS Credits form for Previous Academic Records validation request**

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| **SURNAME:** |
| **NAME:** |
| **STUDENT ID NUMBER (A90):** |
| **PREVIOUS COURSE OF DEGREE:** |
| **PREVIOUS UNIVERSITY:** |
|  |
| **EXAM** | **DATE** | **GRADE** | **CREDITS/CFU** |
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The present form should be filled out in Word and sent to the email address indicated in the exams validation request instructions. In the email, you must attach a copy of a certificate of the exams taken during the previous degree program.

You can add in the grade column the ECTS if provided.