

To the Coordinator of the Course

**Re: credit validation application**

Name of the student place of birth

d.o.b. fiscal code:

Address:

Telephone number

Enrolled in the Course: Reg. n.

Would like the following activity to be validated.

Achieved on:

As certified by:

For recognition of the following educational activity (e.g., internship, other educational activities)

Number of credits (ETS):

Palermo

Signature

Via Maqueda 324, 90134 Palermo

Tel 09123892514/515/530 [dems@unipa.it](mailto:dems@unipa.it)

[https://www.unipa.it/dipartimenti/dems](http://www.unipa.it/dipartimenti/dems)