

REGISTRATION FORM FOR SINGLE COURSE UNITS

To the Rector of the Padua	University of							
I, the undersigned			place of birth					
country of birthd		ate of birth		residing in		Prov		
Postcode	address						no	
e-mail	phone number							
Italian tax identificat	ion code							
Declare to have register d First application	luring the acade	• •	2024 for 1	-	gle cours	e unit(s):		
BACHELOR'S/MASTE CYCLE DEGREE PRO (specify the title of the and the campus, if	ER'S/SINGLE- GRAMME degree programme	EXAMINATION CODE		EXAMINATION (TITLE)		SEMESTER 1°-2° TRIMESTER 1°-2°-3°	CFU (ECTS Credits)	S.S.D. (scientific academic discipline division)