



UNIVERSITÀ
DEGLI STUDI
FIRENZE

This form can be used for changes in
the study plan only
from April 15 2019 to June 2 2019

AT THE COMMITTEE OF THE MASTER DEGREE IN

OF THE SCHOOL OF

I undersigned, N. MATRICOLA _____

LAST NAME _____ FIRST NAME _____

Date of birth ____/____/____ place of birth _____

Enrolled for the academic year ____/____ at the ____ year

ON TIME OUT OF TIME NEAR-GRADUATE

ACADEMIC YEAR OF ENROLLMENT ____/____

ASK TO CHANGE THE STUDY PLAN APPROVED THE ____/____/____

COURSES TO ELIMINATE:

code _____ name _____ CFU _____

code _____ name _____ CFU _____

code _____ name _____ CFU _____

COURSES TO INCLUDE:

code _____ name _____ CFU _____

code _____ name _____ CFU _____

code _____ name _____ CFU _____

ATTENTION: fill this form, ask for its approval to one of the study plan tutors, then send a scanned copy of the approved form (i.e., signed by the tutor) to economia.pianistudio@unifi.it.

Date _____

Signature _____

Study plan tutor approval: _____