



**ENGINEERING DEPARTMENT – to the Study Plan Commission:
STUDY PLAN CHANGE REQUEST**

Send this form via ticket ([Ticket Segreteria Studenti](#))

The undersigned

Surname _____ Name _____

Enrollment number _____

E-Mail: _____ Mobile n. _____

a.y. **2024-2025** enrolled in the _____ year over the prescribed time

Bachelor degree course in Engineering:

- | | |
|--|--|
| <input type="checkbox"/> Gestionale | <input type="checkbox"/> Meccanica |
| <input type="checkbox"/> Informatica | <input type="checkbox"/> Tecnologie per l'Edilizia |
| <input type="checkbox"/> Tecnologie per la Salute | <input type="checkbox"/> Tecnologie per l'Edilizia – Geometra Laureato |
| <input type="checkbox"/> Tecnologie per la sostenibilità Energetica e Ambientale | |

Master degree course in Engineering: (specify the curriculum)

- | | |
|--|--|
| <input type="checkbox"/> Costruzioni Edili /Edile | |
| <input type="checkbox"/> Gestionale | |
| <input type="checkbox"/> Management Engineering | |
| <input type="checkbox"/> Meccanica | |
| <input type="checkbox"/> Mechatronics and Smart Technology Engineering | |
| <input type="checkbox"/> Informatica | |
| <input type="checkbox"/> Engineering and Management for Health | |
| <input type="checkbox"/> Medical Engineering | |

with the present request

ASK:

Please fill in the request with all the necessary information for its correct evaluation (exam position, course code, number of cfu etc)

Date _____

Signature _____