



**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. \_\_\_\_\_

enrolled in the \_\_\_\_\_ year  over the prescribed time

**Bachelor degree course in Engineering:**

- |   |  |
|---|--|
| <input type="checkbox"/> Gestionale               |  |
| <input type="checkbox"/> Informatica              |  |
| <input type="checkbox"/> Tecnologie per la Salute |  |

**Master degree course in Engineering:** (specify the curriculum)

- |  |  |
|--|--|
| <input type="checkbox"/> Gestionale                            |  |
| <input type="checkbox"/> Management Engineering                |  |
| <input type="checkbox"/> Informatica                           |  |
| <input type="checkbox"/> Engineering and Management for Health |  |
| <input type="checkbox"/> Medical Engineering                   |  |

with the present request

ASKS:

\_\_\_\_\_  
\_\_\_\_\_

REASONS:

\_\_\_\_\_  
\_\_\_\_\_

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

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_