**Request for recovery of frontal lecture attendance**

To the Coordination Office of the Medicine and Surgery Degree Course

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enrolled in the academic year \_\_\_\_\_\_/\_\_\_\_\_\_, in the Master's Degree Program in Medicine and Surgery of the University of Catania with registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

To recover \_\_\_\_\_ hours of attendance for the lectures related to the course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taught by the instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**and DECLARE**

To have accumulated a number of absences exceeding the maximum allowed limit due to the following documented reason (select/check the relevant option):

* Student recognized under Article 30 status
* Student in international mobility (Erasmus, SISM, other exchanges authorized by the CdLM-MS)
* Student suffering from acute illnesses preventing attendance
* Student with disabling chronic illnesses preventing attendance
* Student undergoing medical treatments and/or surgical interventions preventing attendance
* Student holding institutional positions within the University Please

Location, date

Signature

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