**AUTHORIZATION FORM FOR**

**INDIVIDUAL ELECTIVE TEACHING ACTIVITIES**

***Courses, Seminars and Meetings***

The undersigned      , enrolled in the       year of the Degree Course in Medicine and Surgery for the Academic Year      , Student ID number

**REQUESTS**

authorization for the recognition of ECTS credits for Elective Educational Activities through the participation to the course, seminar or meeting entitled

Organized by:

which will take place on the following dates:      , at the following times:

Educational objectives to be achieved:

Method of final assessment:

Student's signature

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Tutor’s signature

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*Catania,* ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Noted and approved*

***The Degree Course Coordinator***

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