**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      , In the capacity of representative/reference

**REQUESTS**

authorization for the recognition of ECTS credits for Elective Educational Activities through participation in the conference/meeting titled

Organized by:

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

For the following students (list all participants)

* Student ID, Last Name, First Name, Year of Study
* Student ID, Last Name, First Name, Year of Study
* …

Educational objectives to be achieved:

Method of final assessment:

Reference Student's signature

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Reference Tutor’s signature

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

*Noted and approved*

***The Degree Course Coordinator***

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