UNIVERSITÀ DEGLI STUDI DI MILANO

FACOLTA' DI SCIENZE POLITICHE, ECONOMICHE E SOCIALI

# REQUEST FOR CREDITS (CFU) RECOGNITION FOR TRAINING/WORK ACTIVITIES

The student: Surname ..... First Name ..... Matr. Nr .....

Enrolled in the academic year ..... at the 1st 2nd 3rd Out Of Course year of

the course of the Bachelor's/Master's degree .....

REQUESTS THE RECOGNITION OF CREDITS FOR

- Training activity

Conducted at (Institute/Organisation) .....
During the period .....for a total of ..... hours
Brief description of the performed activities: .....
.....
.....
*Please attach:* certification required by the internship supervisor of student's degree course

- Work activity/Internship not activated through COSP

Conducted at (Company/Institute/Organisation).....under a contract
❑ Fixed term (please specify the period) .....
❑ Permanent
Brief description of the work activity: .....
.....
.....
*Please attach:* certification required by the internship supervisor of student's degree course

- Civil service/Volunteering

Conducted at (Association/Organisation) .....
During the period .....for a total of ..... hours
Brief description of the performed activities: .....
.....
.....
*Please attach:* certification required by the internship supervisor of student's degree course

Part to be completed EXCUSIVELY by the internship&other activities supervisor of the student's degree course

I, the undersigned Prof. .....

Authorise the recognition of ..... credits (CFU)

Date ..... Signature .....

FOR THE RECOGNITION OF THE PERFORMED ACTIVITY:
This form, duly completed and signed exclusively by the internship&other activities supervisor of the student's study course, will be sent by the same supervisor to the Teaching Secretariat of the Department primary responsible for forwarding the data to the Student Secretariat and for the relative upload of the recognised credits. Forms directly submitted by the student will not be accepted.