**ACADEMIC CREDIT TRANSFER PRE-EVALUATION APPLICATION**

**I, THE UNDERSIGNED**

|  |  |  |
| --- | --- | --- |
| **Surname** | **First Name** | Gender |
| Date of birth | Place of birth | Citizenship |
| **PERMANENT ADDRESS** | Country  | Province |
| Street/square | Nr. | Town | Postal code |
| Mobile-phone number | Email |

ASK THE UNIVERSITY OF TRENTO FOR A PRE-EVALUATION OF THE ACADEMIC CREDITS PREVIOUSLY GAINED, AIMED AT THE ENROLLMENT IN THE

MASTER’S DEGREE COURSE IN

**DECLARE**

**TO BE CURRENTLY ENROLLED IN**

**SINCE \_\_\_\_\_\_\_\_\_**

 (DEGREE COURSE AND YEAR OF ENROLLMENT)

**TO HAVE GRADUATED IN**

NAME AND LEVEL OF THE DEGREE

UNIVERSITY

**ATTACH TO THE PRESENT FORM**

A COPY OF PASSPORT (OR ID FOR EU CITIZENS)

A LIST OF ALL COURSES, EXAMS AND MARKS AWARDED (IN ENGLISH OR IN ITALIAN LANGUAGE)

COURSES’ SYLLABUS

PLACE AND DATE SIGNATURE

TO BE FILLED BY THE MASTER’S DEGREE COORDINATOR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COURSE** | **CREDITS** | **CODE** | **UNITRENTO COURSE** | **MARK** | **CREDITS**  | **SSD** |
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| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |

CREDITS RECOGNIZED YEAR OF ADMISSION

DATE SIGNATURE