



UNIVERSITÀ DEGLI STUDI DI MILANO

**Transfer credit application for training/work activities  
Faculty of Humanities**

Surname \_\_\_\_\_ Name \_\_\_\_\_

Student no. \_\_\_\_\_ Tel. \_\_\_\_\_

Mobile phone \_\_\_\_\_

Enrolled for academic year \_\_\_\_\_

in Year I - II - III

of the degree programme in \_\_\_\_\_

Curriculum

**I hereby apply for transfer credit for:**

**TRAINING ACTIVITY**

*(one of the following)*

- Computer skills
- Foreign language laboratory
- Proficiency in a European language
- Italian writing workshop
- Alternative activities to laboratories/workshops

At (Institute or Organization) \_\_\_\_\_

In the period \_\_\_\_\_ for no. \_\_\_\_\_ hours overall.

Description of the training activity:

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**WORK ACTIVITY**

At (Institute or Organization)

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Under a temporary or permanent contract / project / collaboration (*specify period*)

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Job description:

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TOTAL hours \_\_\_\_\_



**VOLUNTEERING / "CIVIL SERVICE"**

At (Institute or Organization) \_\_\_\_\_

In the period \_\_\_\_\_ for no. \_\_\_\_\_ hours overall.

Description of the activity:

\_\_\_\_\_  
\_\_\_\_\_

Attachments: *(tick documents submitted)*

- Activity certification showing the type of activity carried out and the number of hours
- Student report, if any
- Other

Date \_\_\_\_\_

Student signature \_\_\_\_\_

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The undersigned Prof. \_\_\_\_\_

Authorizes credit transfer for no. \_\_\_\_\_ CFU

Date \_\_\_\_\_

Signature \_\_\_\_\_

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**Transfer credit application for training/work activities - submission receipt**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Student no. \_\_\_\_\_

Degree programme \_\_\_\_\_

Submission date \_\_\_\_\_

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*(Student Registrar stamp)*