Freie Universität Bozen
Libera Università di Bolzano
Università Liedia de Bulsan

unibz

MASTER IN COMPUTER SCIENCE - REQUEST OF FREE CHOICE EXAMS
(to be submitted to the Faculty Administration)

The undersigned _____ Student. No. _____

enrolled in the _____ year of the Curriculum in _____

requests to add the following exam(s) to her/his study plan as Free Choice:

Lecture title: _____

Lecture code: _____

Name of lecturer: _____

Faculty: _____

Degree Course: _____

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Lecture title: _____

Lecture code: _____

Name of lecturer: _____

Faculty: _____

Degree Course: _____

ºº

Lecture title: _____

Lecture code: _____

Name of lecturer: _____

Faculty: _____

Degree Course: _____

Date _____ Students's signature _____

FOR APPROVAL:

Date _____ Study Plan Advisor's signature _____