# MODULO PER IL RICONOSCIMENTO DI CREDITI DIDATTICI

## richiedente:

|  |  |
| --- | --- |
| Cognome: | ……………………………………………………………………………………………….. |
| **Nome:** | ……………………………………………………………………………………………….. |
| **Matricola:** | ……………………………………………………………………………………………….. |
| **Data:** | ……………………………………………………………………………………………….. |
| **Firma:** | ……………………………………………………………………………………………….. |

**corso di laurea triennale in:**

|  |  |
| --- | --- |
|  | **ingegneria gestionale (dm 270/04, 9 cfu)** |
|  | **ingegneria meccatronica (dm 509/99 e 270/04, 9 cfu)** |
|  | **ingegneria meccatronica (dm 509/99 e 270/04, 6 cfu) immatricolati a.a. 2023/24** |
|  | **ingegneria per l’industria intelligente II anno (30 CFU)** |
|  | **ingegneria per l’industria intelligente III anno (27 CFU)** |
|  | **TECNOLOGIE per l’industria intelligente II anno (30 CFU)** **immatricolati fino all'A.A. 2022/23** |
|  | **TECNOLOGIE per l’industria intelligente III anno (30 CFU)** **immatricolati fino all'A.A. 2022/23** |
|  | **TECNOLOGIE per l’industria intelligente II anno (24 CFU)** **immatricolati dall'A.A. 2023/24** |
|  | **TECNOLOGIE per l’industria intelligente III anno (24 CFU)** **immatricolati dall'A.A. 2023/24** |

**corso di laurea specialistica/ magistrale in:**

|  |  |
| --- | --- |
|  | **ingegneria meccatronica (specialistica 9 cfu, magistrale 3 cfu)** |
|  | **ingegneria gestionale (specialistica 9 cfu, magistrale 3 cfu)** |
|  | **DIGITAL AUTOMATION ENGINEERING** |

**richiesta di riconoscimento crediti per le seguenti attività formative:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attività svolta** | **Accertamento del profitto da parte del docente** | **Crediti** |
|  | A scelta dello studente | Cognome……………………………Nome……………………………….. Firma………………………………………….. |  |
|  | Ulteriori conoscenze linguistiche | Cognome……………………………Nome……………………………….. Firma………………………………………… |  |
|  | Abilità informatiche | Cognome……………………………Nome……………………………….. Firma………………………………………….. |  |
|  | Tirocinio **Dal………………… al……………**  **Ore totali: ………………………..** | Cognome……………………………Nome……………………………….. Firma………………………………………….. |  |
|  | **Altro……………………………….**  **(specificare)** | Cognome……………………………Nome……………………………….. Firma………………………………………….. |  |

**Visti la dichiarazione dell’interessato e**

**l’accertamento del profitto da parte del docente responsabile,**

**si approva il riconoscimento di\_\_\_\_\_\_\_\_crediti formativi per l’attività svolta**

**Reggio Emilia,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Il Presidente del CdS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIZIONE DELL’ATTIVITA’:**

**dichiarazioni sostitutive di certificazioni**

**(art. 46 D.P.R. n. 455/2000)**

**dichiarazioni sostitutive dell’atto di notorieta’**

**(art. 47 D.P.R. n. 455/2000)**

**Il sottoscritto (per le donne indicare il cognome da nubile)**

**cognome**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **nome**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**codice fiscale**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**nato a** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**prov**.\_\_\_\_\_\_\_

**indirizzo**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **n**.\_\_\_\_\_\_\_\_\_\_**C.A.P**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Consapevole che le dichiarazioni mendaci sono punite ai sensi del Codice Penale e delle leggi speciali in materia

**DICHIARA**

**Di avere svolto le seguenti attività formative (relazione di due pagine):**

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**Luogo e data**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Il dichiarante**

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