

# SCUOLA DI MUSICA DI FIESOLE

## FONDAZIONE – ONLUS

iscritta al n° 6 del Registro Regionale delle Persone Giuridiche Private

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### CREDIT RECOGNITION REQUEST FORM

To the Director of the Scuola di Musica di Fiesole

The undersigned \_\_\_\_\_

Indicate the first year of enrollment in the Bachelor Degree \_\_\_\_\_

In the Course of \_\_\_\_\_ Professor \_\_\_\_\_

Academic Year \_\_\_\_\_

### REQUESTS

the partial or complete recognition of formative credits, of which a copy of the relevant documentation is attached and divided by category as prescribed in the Regulations of Credit Recognition, with regard to the following subjects:

18 CFA Teaching/Activities at the student's discretion

Other subjects:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Signature for students under 18 \_\_\_\_\_