Form 2 – List of Elective Courses

**Master of Science in Biotechnology**

Student (name, surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration number (matricola) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Title of the course | Date | CFU | Mark | Teacher | Type of registration |
|  |  |  |  |  | Online | Form | Other |
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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

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(to be filled by the students’ secretary)

VOTO FINALE \_\_\_\_ / \_\_\_\_\_ CFU \_\_\_\_\_\_\_\_

La Responsabile della Didattica Roma, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prof. Maria F. Fuciarelli