DIPARTIMENTO DI SCIENZE BIOMEDICHE – DSB + UNIVERSITÀ DEGLI STUDI DI PADOVA **DEPARTMENT OF BIOMEDICAL SCIENCES** 

## **APPLICATION FOR ELECTIVE ACTIVITIES OFFERED IN BACHELOR'S** DEGREES OF THE UNIVERSITY OF BOLOGNA

Name and surname	serial number		
born in	date of birth		
telephone number	_ e-mail		
enrolled in the academic year	To the degree program in Biology of		
Human and Environmental Health, to the year			
requests that the following be included in their online booklet a	s elective activities with the following		
motivations:			

COURSE UNIT CODE	COURSE UNIT NAME	TEACHER IN CHARGE	COURSE	CFU

I also declare that I am informed, pursuant to and for the purposes of Article 13 of EU Regulation 2016/679 (General Data Protection Regulation), that the personal data collected will be processed, including by computerized tools, exclusively within the scope of the procedure for which this declaration is made, as reported at the following address: http://www.unipd.it/privacy

Place and date

Signature