### ELECTIVE DIDACTIC ACTIVITIES (ADE) ATTENDED

Surname __________________________________________________________ Name ____________________________________________

Matricola n. __________________________

E-mail ___________________________________________ Phone _________________________ Year ___________________

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<tr>
<th>CODE</th>
<th>ACTIVITY</th>
<th>HOURS</th>
<th>A.A.</th>
<th>PROFESSOR SIGNATURE</th>
<th>REGISTRATION CODE</th>
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Regione Gonzole, 10 – 10043 Orbassano (TO)
NOTES FOR COMPILATION

PERSONAL DATA:
- Surname: indicate the full surname (in the case of double surnames)
- Name: enter all the names with which you have registered in the University
- E-mail: write the institutional mail (eg: mario.rossi@edu.unito.it)
- Phone: it is an essential data for any urgent communications
- Year: in general it is the year of enrollment or passage to the San Luigi Gonzaga Medicine and Surgery Course. When in doubt check in your myunito (anno regolamento)

TABELLA ADE
- CODE: indicate the code that identifies the ADE on the course website (CampusNet)
- ACTIVITY: indicate the title that identifies the ADE on the course website (CampusNet)
- HOURS: indicate the hours that are shown on the course website (CampusNet)
- A.A.: indicate the academic year in which the ADE was attended (eg: for 2017-2018 ay indicate 2017)
- SIGNATURE OF THE PROFESSOR: request the teacher to sign confirming the participation

- REGISTRATION CODE: do not complete
- DATE: do not complete
- SIGNATURE: do not complete

On the site of the study course (CampusNet) under the heading Communications - Notices will be communicated the information related to the delivery and registration in career of the ADE indicated in the form.