



**POLITECNICO**  
MILANO 1863

## CHANGE PROGRAMME REQUEST FORM

Il sottoscritto

Name \_\_\_\_\_ Surname \_\_\_\_\_

Person Code \_\_\_\_\_ matricule \_\_\_\_\_

requests a change programme

from the course of \_\_\_\_\_

to the course of \_\_\_\_\_

Milan \_\_\_\_\_

Signature \_\_\_\_\_