REGISTRO DELLE LEZIONI

del Prof. __________________________________________________________

Professore supplente/a contratto/affidatario retribuito per l’anno accademico ________________

SCUOLA DI SPECIALIZZAZIONE PER LE PROFESSIONI LEGALI

INSEGNAMENTO DI ________________________________________________

______ ANNO

N. LEZIONI .................

N. ORE .................

Firma del Docente titolare del corso: ________________________________________

Visto del Direttore della Scuola di Specializzazione per le Professioni Legali: __________________________________________

Firma del Direttore di Dipartimento: __________________________________________

Data: ________________________________

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