



**TPVES 2026**

**STUDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**MATRICOLA (ID NUMBER):** \_\_\_\_\_

**I declare that:**

- I have concluded all exams of the first 4 years of my study plan;
- I have paid all University taxes;
- I have paid the tax (€ 49.58) for the TPVES enrollment.

## SCHEDULE 2026

### WINTER Session

Type	Months	Enrollment deadline	Choice
MEDICAL	January 2026	15 <sup>th</sup> December	
SURGICAL	February 2026	15 <sup>th</sup> January	
GENERALIST	March 2026	15 <sup>th</sup> February	

### SPRING Session

Type	Months	Enrollment deadline	Choice
MEDICAL	April 2026	15 <sup>th</sup> March	
SURGICAL	May 2026	15 <sup>th</sup> April	
GENERALIST	June 2026	15 <sup>th</sup> May	

### FALL Session

Type	Months	Enrollment deadline	Choice
MEDICAL	September 2026	15 <sup>th</sup> July	
SURGICAL	October 2026	15 <sup>th</sup> September	
GENERALIST	November 2026	15 <sup>th</sup> October	

**The GENERALIST TPVES must be the last TPVES**

**The document must be signed and sent by e-mail to:**

**[didatticadismet@unina.it](mailto:didatticadismet@unina.it)**

**object: TPVES plan Medicine and Surgery**

**Date\_\_\_\_\_**

**Signature\_\_\_\_\_**