

CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT - 2017/2018 ACADEMIC YEAR

TO THE EDUCATION COMMITTEE OF THE COURSE

SCUOLA DI _____
_____ FIRENZE

I, THE UNDERSIGNED

Surname _____	First Name(s) _____
Date of birth __ __ __ __ __ __ __ __ (dd/mm/yyyy)	Female __ Male __
City and country of birth _____ prov.* __ __	
Citizenship _____ Fiscal code * __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Current address (street, city, postcode, country) _____ _____ prov.* __ __ C.A.P.* __ __ __ __	
phone number _____ e-mail _____	

* only for people born or resident in Italy

ASK TO BE EVALUATED IN ORDER TO RECEIVE THE *NULLA OSTA* FOR THE

CORSO DI LAUREA MAGISTRALE in | _____
CLASSE | _____ *Indirizzo, orientamento o curriculum* | _____

I FURTHER DECLARE aware that I will be held liable for any false statements I make, according to the Criminal Code and relevant laws

to be in possession of an **academic degree** awarded by the University of | _____
| _____
(if awarded by the University of Florence, fill in the matriculation code |__|__|__|__|__|__|
in | _____ Classe ** | _____
School | _____ graduation date | _____
with the final score of |__|__|__| out of |__|__|__| praise ☐ YES dissertation subject | _____
Final dissertation title | _____
| _____

** only for candidates that hold an Italian degree

that I passed the following exams:

COURSE NAME	S.S.D. **	CFU **	Examination Date

[illegible]

Notes :

S.S.D. = Settore Scientifico Disciplinare

CFU = Crediti Formativi Universitari

*** only for candidates that hold an Italian degree*

All communications relating to the present application have to be sent to the following address:

Street _____ n. _____

City/Country _____

Comune * _____ prov.* |__|__| C.A.P.* |__|__|__|__|__|__|

phone number e-mail

* only for Italian residents

(date)

(signature)

Annexes:

- Syllabus of the course programs covered by your 1st level degree;

- ☐ other _____
