

CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT - 2018/2019 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 _____
