

CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT - 2019/2020 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

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

* *only for Italian residents*

(signature)
