CORSO DI LAUREA MAGISTRALE APPLICATION FOR ASSESSMENT



TO THE EDUCATION COMMITTEE OF THE COURSE

SCUOLA DI			
			FIRENZ
I, THE UNDERSIGNED			
Surname First Name(s)			1
Date of birth _ (dd/mm/yyyyy)			e Male
City and country of birth			prov.* _
Citizenship Fiscal code * _ _	_ _ _	_ _	_
Current address (street, city, postcode, country)			
prov	.* _	C.A.I	P.* _ _
phone number e-mail			
* only for people born or resident in Italy			
ASK TO BE EVALUATED IN ORDER TO RECEIVE THE	NULLA	OST	4 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 state Code and relevant laws	ments I ı	nake,	according to the Crimina
o be in possession of an academic degree awarded by the University of _			I
if awarded by the University of Florence, fill in the matriculation code			
n		Clas	sse **
School	graduati	on dat	e
with the final score of _ out of _ praise YES dissertat	ion subje	ect	
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
	**	**	
	 		

 \square other $_$

COURSE NAME	S.S.D. **	CFU **	Examination Date
S.S.D. = Settore Scientifico Disciplinare CFU = Crediti Formativi Universitari			
All communications relating to the present application			
All communications relating to the present application et			n
All communications relating to the present application et			n
All communications relating to the present application et Country une *	prov.* _	_ _ (n C.A.P.* _ _
All communications relating to the present application et	prov.* _	_ _ (n C.A.P.* _ _ _
et/Country nune * e-mail ne number e-mail	prov.* _	_ _ (n C.A.P.* _ _
All communications relating to the present application et	prov.* _	_ _ (n C.A.P.* _ _