CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT

TO THE EDUCATION COMMITTEE OF THE COURSE

SCUOLA DI _____

_____ FIRENZE

I, THE UNDERSIGNED

Surname |_____| **First Name(s)** |_____|

Date of birth |__|__| |__|__| |__|__|__|__| (dd/mm/yyyyy) 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

THE REQUIRED INFORMATION WILL BE TREATED IN ACCORDANCE WITH D.LGS. 30 JUNE 2003, N. 196

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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 _____