

**CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT - 2020/2021 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

