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/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

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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 _____
_____
_____
_____
_____