

## **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**

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 60 candidates had held an Italian diploma.*

Only for candidates that held an Italian degree  
that I passed the following exams:

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

<b>COURSE</b>	<b>S.S.D.</b>	<b>C.P.O</b>	<b>GRADE</b>	<b>Examination</b>
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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)

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## Annexes:

Syllabus of the course programs covered by your 1st level degree;  
 other