CORSO DI LAUREA MAGISTRALE APPLICATION FOR ASSESSMENT – 202_/202_ ACADEMIC YEAR

TO THE EDUCATION COMMITTEE OF THE COURSE

SCUOLA DI				
				FIRENZE
I, THE UNDERSIGNE	D			
Surname First Name(s)	1			
Date of birth _ _ _ _ _ _ (dd/mm/yyyyy)		Femal	e	Male _
City and country of birth				_prov.* _ _
Citizenship Fiscal code * _ _ _ _	_ _ _ _	_		
Current address (street, city, postcode, country)				
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phone number e-mail				1
* only for people born or resident in Italy				
ASK TO BE EVALUATED IN ORDER TO RECEIVE	THE NULL	A OST	A 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 Code and relevant laws to be in possession of an academic degree awarded by the University		•		
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'if awarded by the University of Florence, fill in the matriculation code				,
n		Cla	sse **	
School	gradua	ation da	te	
with the final score of _ out of _ praise YES dis	sertation sub	oject	I	
Final dissertation title				I
** only for candidates that hold an Italian degree				
that I passed the following exams (or I Attach the Transcript of	records):			
COURSE NAME	S.S.D. **	CFU **	GRADE	Examination Date

COURSE NAME	S.S.D.	CFU	GRADE	Examination Dat
COURSE NAME	**	**		Examination Dat
tes : S.D. = Settore Scientifico Disciplinare				
FU = Crediti Formativi Universitari				
only for candidates that hold an Italian degree				
Il communications relating to the present application	have to be sent	to the	followir	ag addrossi
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