CORSO DI LAUREA MAGISTRALE APPLICATION FOR ASSESSMENT - 2017/2018 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	e Male
City and country of birth				prov.* _
Citizenship	Fiscal code * _	_ _ _ _	_ll_	_
Current address (street, city, po	ostcode, country)			
	pi	rov.* _	_ C.A.I	P.* _ _
phone number	e-mail			
* only for people born or res	ident in Italy			
ASK TO BE EVAL	UATED IN ORDER TO RECEIVE T	HE <i>NULLA</i>	OST	4 FOR THE
CORSO DI LAUREA MAGISTR	ALE in			
CLASSE Indirizzo,	orientamento o curriculum			
	Florence, fill in the matriculation code	_ _	_ _	
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vith the final score of _	out of praise YES disser	rtation subj	ect	
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* only for candidates that hold a	-			
nat I passed the following exams				<u> </u>
	COURSE NAME	S.S.D. **	CFU **	Examination Date
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	S.S.D. **	CFU **	Examination Date
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 has Street			_
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