CORSO DI LAUREA MAGISTRALE APPLICATION FOR ASSESSMENT - 2018/2019 ACADEMIC YEAR

TO THE EDUCATION COMMITTEE OF THE COURSE

SCUOLA DI			
	<u> </u>		FIRENZE
I, THE UNDERSIGNED			
Surname First Name(s)			
Date of birth _ _ _ _ _ _ (dd/mm/yyyyy)	ſ	Female	e 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	4 FOR THE
CORSO DI LAUREA MAGISTRALE in			
CLASSE Indirizzo, orientamento o curriculum			I
I FURTHER DECLARE aware that I will be held liable for any false stater 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 _ _ _	1111		
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School	graduati		•
with the final score of <u> </u> out of <u> </u> praise YES dissertati			
Final dissertation title	ion subje		
ky and for any didatas that had an Italian day.			
** 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				•
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