

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

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

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

**** only for candidates that hold an Italian degree**

* *only for Italian residents*

(signature)
