CORSO DI LAUREA MAGISTRALE [ex DM 270/04] APPLICATION FOR ASSESSMENT - 2012/2013 ACADEMIC YEAR

FIRENZE						
I, THE UNDERSIGNED						
Surname First Name	(s)					
Date of birth _ (dd/mm/yyyyy)		Fen	nale _	_ Male		
City and country of birth				prov.* _		
Citizenship Fiscal code * _	_	_	_ _	_		
Current address (street, city, postcode, country)						
I	prov.*	C	.A.P.*	_ _		
phone number e-mail						
* only for Italian residents						
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COURSE NAME	A.F.	S.S.D.	CFU **	Examination Date
Notes: A.F. = Attività Formativa 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	<u>e to be s</u>	ent to t	he foll	lowing address:
treet				
City/Country				
Comune *	pro	V.*	C.	A.P.* _ _ _ _
hone number e-mail				
only for Italian residents				
(date)	(signature)			
nnexes:				
Syllabus of the course programs covered by your 1st level degree;				
other				