

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

TO THE EDUCATION COMMITTEE OF THE COURSE

_____ 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.*	__ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
phone number	_____	e-mail	_____

* only for Italian residents

ASK TO BE EVALUATED IN ORDER TO RECEIVE THE *NULLA OSTA* FOR THE

CORSO DI LAUREA MAGISTRALE in | _____ |
CLASSE | _____ | **FACOLTÀ** | _____ |
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 **** | _____ |
Facoltà/ 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	A.F. **	S.S.D. **	CFU **	Examination Date

THE REQUIRED INFORMATION WILL BE TREATED IN ACCORDANCE WITH D.LGS. 30 JUNE 2003, N. 196

