

**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/yyyy)	Female __ Male __
City and country of birth _____	prov.* __ __
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 ABOUT CURRICULAR REQUIREMENTS AND PERSONAL SKILL IN ORDER TO RECEIVE THE *NULLA OSTA* FOR THE

- Enrollment
- Transfer from another university
- Passage from the other academic course of the University of Florence

CONCERNING 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 |__|__|__| *cum laude* YES dissertation subject |_____

Final dissertation title |_____

|_____

** only for candidates that hold an Italian degree

to be enrolled at the University of |_____

(if awarded by the University of Florence, fill in the matriculation code |__|__|__|__|__|__|) to the degree course of |_____

Classe |_____| **and to have acquired all the credits expected to the study plan**

to have **earned the credits previously required**

AND that I passed the following exams:

COURSE NAME	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

_____ (date)

_____ (signature)

Annexes:

Syllabus of the course programs covered by your 1st level degree;

other _____

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RECEIPT. Mr./Mrs _____ born in _____ date of birth _____ has asked to be evaluated in order to receive the NULLA-OSTA for the corso di Laurea Magistrale in _____ Classe _____

_____ (date)

_____ (The office worker)