

## CORSO DI LAUREA MAGISTRALE IN ARCHITETTURA

code B076 class LM4, Curriculum Architectural Design

TO BE RECOGNISED AS STAGE CREDITS				
	revenue stamp 16,00€			
I, the undersigned,				
enroll number born in state/o				
(phone number in Florence, tel) en	rolled in academic year			
/ to year of Master Degree course in Architecture,				
ASK FOR				
the recognition of $\bf 6\ CFU$ (equal to at least 150 hours) for the design activity	done at the studio			
frequented from to				
Attaches: portfolio compiled by the student in A4 format in base of his activity done.				
Date, Signature (student)				
Responsible of the host structure				
The undersigned	as the official representative of			
the Design Studio				
had a design experie	ence as reported in the portfolio.			
Sintetic profile of the Design Studio (competences, works done, other):				
Date, Stamp and Signature				
	_			
President of Master Degree in Architecture Course or his delegate				
Florence, Signature				



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## **SELF-CERTIFICATION OF KINSHIP AND PREREQUISITE EXAMS**

I, the undersigned,		_ enroll number	, able	
to provide a statement, in accordance with the D				
beginning of the related procedures for the activation	n of the internship,			
DE	CLARE			
DEVENIL				
1. the internship will be carried out at				
- where the owner is not a relative of the pro	bationer			
- where the owner is not the thesis' supervis	or of the probationer			
2. to have reached at least 36 course credits				
Florence,	Signature			