

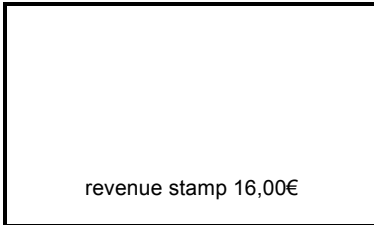


UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

**Scuola di  
Architettura**

**CORSO DI LAUREA  
MAGISTRALE IN ARCHITETTURA**  
code B076 class LM4, Curriculum Architectural Design

**REQUEST FOR THE EQUIVALENCE OF THE DESIGN EXPERIENCE  
TO BE RECOGNISED AS STAGE CREDITS**



I, the undersigned, \_\_\_\_\_  
enroll number \_\_\_\_\_ born in \_\_\_\_\_ state/country ( \_\_\_\_\_ ) on \_\_\_\_\_  
\_\_\_\_\_ (phone number in Florence, tel. \_\_\_\_\_ ) enrolled in academic year \_\_\_\_\_  
/ \_\_\_\_\_ to \_\_\_\_\_ year of Master Degree course in Architecture,

**ASK FOR**

the recognition of **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 \_\_\_\_\_ hereby declare that the student  
\_\_\_\_\_ had a design experience 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.P.R. n. 445/200 , in order to request from today the beginning of the related procedures for the activation of the internship,

#### DECLARE

1. the internship will be carried out at \_\_\_\_\_  
- where the owner is not a relative of the probationer  
- where the owner is not the thesis' supervisor of the probationer

2. to have reached at least 36 course credits

Florence, \_\_\_\_\_

Signature \_\_\_\_\_