

**CORSO DI LAUREA MAGISTRALE
APPLICATION FOR ASSESSMENT - ACADEMIC YEAR _____**

TO THE EDUCATION COMMITTEE OF THE COURSE

ARCHITETTURA _ARCHITECTURAL DESIGN -

**SCHOOL OF ARCHITECTURE
UNIVERSITY OF FLORENCE**

I, THE UNDERSIGNED

Surname _____	First Name(s) _____
Date of birth __ __ __ __ __ __ __ __ (dd/mm/yyyy)	Female __ Male __
City and country of birth _____	
Citizenship _____	
Current address (street, city, postcode, country) _____	

phone number _____	e-mail _____

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

CORSO DI LAUREA MAGISTRALE in | ARCHITETTURA |

Indirizzo, orientamento o curriculum | ARCHITECTURAL DESIGN |

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** in _____

awarded by the University of | _____ |

| _____ |

School | _____ | graduation date | _____ |

with the final score of |__|__|__| out of |__|__|__| | praise YES | dissertation subject | _____ |

Final dissertation title | _____ |

that I passed the following exams:

COURSE NAME	Examination Date

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

All communications relating to the present application have to be sent to the following address:

e-mail _____

(date)

(signature)

Annexes:

- Syllabus of the course programs covered by your 1st level degree;
- Transcript of exams
- Certificate of English Knowledge level B2
- Portfolio
- Letter of motivation
- Letter of recommendation