

- PhD in _____
from the University of _____
awarded on ____|____|____|____ with a final mark of ____|____|____|____
- Post-Graduate Degree in / Medical Specialty in _____
from the University of _____
awarded on ____|____|____|____ with a final mark of ____|____|____|____
- other (please specify) _____

Please attach all the original copies of the academic certificates improved by the Italian Diplomatic Authority or Consulate competent for the territory, translated, authenticated, legalized and provided of the declaration of value) and send it to: Università degli Studi di Firenze, Ufficio Post-Laurea NIC - Largo Brambilla, 3 - 50134 Firenze, Italia.
Please write on the envelop "Enrolment form - Master in Pediatric Endocrinology and Diabetes".

APPLIES, finally

to be admitted to sit for the examination sessions and to complete a traineeship under the rules of the Master establishing decree.

Disclosure and dissemination of Personal Data

As laid out in the Art. 11 of the University of Florence Personal Data protection Regulation and the art. 7 of the D.L.gs 30/6/2003 n. 196, I authorise the disclosure and dissemination of my personal data, also by publication on the University website and to public or private organizations which may request them for orientation, learning and placement purposes:

(date)

(signature)

Attachments:

- 1 additional ID photo signed on the right-front side
- copy of a valid identity card
- original copies of the academic certificates improved by the Italian Diplomatic Authority or Consulate competent for the territory, translated, authenticated, legalized and provided of the declaration of value.
- other documents (please specify) _____