MASTER COURSE ENROLMENT FORM Academic Year 2017/2018

Please sign an ID photo on the right-front side and glue it here

TO THE MAGNIFICO RETTORE OF THE UNIVERSITÀ DEGLI STUDI DI FIRENZE

Unità Funzionale "Didattica integrata con Servizio Sanitario Regionale e con la Scuola di Scienze della Salute Umana" - Largo Brambilla, 3 - 50134 Firenze

R	EGIS	TRA	TION	IN.	

THE UNDERSIGNED

Code _ _ _ _	
- Surname and name	
gender M F born on _ in	
Nation Na	
resident in (street/square)	
n City	
Nation	
Telephone number Mobile number_	
e-mail (please write in BLOCK CAPITALS)	
<u> </u>	
address (if different from residency)	
(street/square)	
n City	
Nation	local zip code _ _ _ _ _
APPLIES to be oproli	od

for the Academic Year 2017/2018 to the 2nd level Master course in Pediatric Endocrinology and Diabetes

FOR THIS PURPOSE DECLARES

to have the following academic qualifications:					
	Bachelor's Degree in				
	awarded on _ _ with a final mark of _ _ _				
	Master's Degree in				
	awarded on with a final mark of				



		PhD in			
		from the University of			
		awarded on with a final mark of			
		Post-Graduate Degree in / Medical Specialty in			
		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			
		admitted to sit for the examination sessions and to complete a traineeship under the rules of the Master			
C316	ibilis	shing decree.			
		iversity website and to public or private organizations which may request them for orientation, learning and ent purposes:			
		(date) (signature)			
Att	ach	nments:			
		additional ID photo signed on the right-front side			
	СО	ppy 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.				
		ner documents (please specify)			

