**POST GRADUATE COURSES - A.Y. 2022/2023 - ENROLMENT FORM**

THE DATA REQUIRED BY THE UNIVERSITY ARE COLLECTED IN COMPLIANCE WITH THE eu REGULATION 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL OF APRIL 27 2016

|  |  |
| --- | --- |
| **Stamp duty virtually acquitted** | ***Al Magnifico Rettore***  dell’Università degli Studi di Firenze  Segreteria Postlaurea  Via Gino Capponi 9 - Firenze |
|  |  |

**I, THE UNDERSIGNED**

**Surname**|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

**First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Date of birth |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|

Place of birth |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Country of birth |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Nationality |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Street address: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

City |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| Zip Code |\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_|

Country |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Phone number |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| Mobile phone |\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

email |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

ASK TO BE ENROLLED

### FOR A.Y. 2022/2023 TO THE POST GRADUATE COURSE IN

FLORENCE FRAGRANCES SCHOOL

**……………**

### To this purpose, I declare under my full responsibility

according to the Italian laws on self-certification (artt. 46 – 47 **D.P.R. 28 December 2000 n. 445),** being aware that whoever provides false information will lose the benefits and incur in penalties for false declaration according to the articles n. 75 and 76, of the above mentioned law,

to have gained a **high school certificate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

In the year |\_\_|\_\_|\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_| with the mark |\_\_|\_\_|\_\_| out of |\_\_|\_\_|\_\_|

High School name |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Town |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

Full Address. |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

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that I have the required **academic qualifications** to access this Post graduate course as stated below:

bachelor’s degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

master’s degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

awarded by the University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|

*(if awarded by the University of Florence, state your student n. :* |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Graduation date |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| Mark |\_\_|\_\_|\_\_| out of |\_\_|\_\_|\_\_|

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**Academic year of enrolment** |\_\_|\_\_|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| (academic year in which you have been enrolled for the first time in the Italian university system – if applicable).

For residents in Italy only:

### I DECLARE ALSO

that I intend to benefit of the exemption from the registration fee for Invalidity/Disability reasons (according to the Italian Law n°104/92)

NO YES

……………………………………………….. ……………………………………………………..

*(date) (signature)*

***MANDATORY ATTACHMENTS:***

* photocopy of a valid photo ID;
* copy of Diploma Supplement (to be requested by the applicant to the home University) or
* copy of your degree, accompanied by a statement of value (“Dichiarazione di valore in loco”) or CIMEA statements of comparability and verification issued, where available;
* certificate showing the examinations taken and their grade (Transcript of Records);
* translation of the documents indicated in the previous points into Italian (if not already written in English, French or Spanish), by an official translator;