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APPLICATION FOR ADMISSION TO FINAL EXAMINATION OF UNIVERSITY MASTER'S DEGREE PROGRAMME

IN _____

Level _____ Year _____

TO THE RECTOR OF POLITECNICO DI MILANO

STUDENT N.

The undersigned

Surname _____ Name _____

Born in _____ (Prov./state) _____ on _____

Country _____ Citizenship _____

ASKS:

to sit the final examination on _____
(date)

Milan, _____.

Full legible signature

Contact information for sending certificate and any other correspondence:

- Residence
 Address

Town _____ (Prov./state) _____ Postal code _____

Street address _____

District _____ of _____

Contact information: Tel. _____ Mobile _____ e-mail _____

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