

SCUOLA DI MUSICA DI FIESOLE

FONDAZIONE – ONLUS

iscritta al n° 6 del Registro Regionale delle Persone Giuridiche Private

FINAL EXAM REQUEST – TRIENNIO/FIRST LEVEL BACHELOR

To the Director of the Scuola di Musica di Fiesole

I, the undersigned, _____

Student Number _____

Place of birth _____ Date of birth _____

Enrolled in year number _____ of the TRIENNIO/FIRST LEVEL BACHELOR COURSE
in _____

at the Scuola di Musica di Fiesole, having completed the total number of credits necessary,

ASK TO BE ADMITTED TO THE FINAL EXAM RELATIVE TO MY COURSE

Academic Year _____

Autumn Winter Summer Special session (*indicate month*) _____

My thesis project has been approved by supervising Prof. _____

and also by co-supervising Prof. _____

THESIS TITLE _____

Title of composition subject of final exam _____

Date _____ Signature _____

SUPERVISOR'S SIGNATURE _____

Reserved for School Office: Date of thesis presentation _____