



UNIVERSITY OF PISA

DEPARTMENT OF BIOLOGY

Master's degrees in Biological Sciences (Class LM-6)

To be sent to:

Mrs Cristina Mela

Dept. of Biology – Didactic Office - Tel. 050 2211517

Via A.Volta, 4 bis - 56126 PISA

(Graduation Date)

The undersigned student _____

Student Identification Number _____ Tax code _____

Place and date of birth _____

Address _____

Nationality _____ Tel. _____

Master degrees in _____

Graduation Date _____ Academic Year _____

The undersigned declares

that he/she intends to exclude from the computation of the average grade point the following supernumerary courses*: _____

Signature of the graduating student

Date _____

*supernumerary courses are additional courses that students have the possibility to include in addition to those provided by the Master's Degree Regulations