



Single Cycle Degree Course in "Medicine and Surgery"

To Prof.
Coordinating professor tutor of surgical
area

Subject: Request to enter EVALUATED PRACTICAL TRAINEESHIP – SURGICAL AREA

I, the Undersigned, _____ student identification number _____
place of birth _____ date of birth ___ / ___ / ___
place of residence _____ (prov.: ___)
street _____ n° _____
e-mail _____ telephone _____
enrolled in the a.y. ___ / ___ to the ___ year of the course

REQUESTS

to start attending the Practical Evaluation Traineeship – Medical/Surgical/General Medicine Area, pursuant to art. 3 of Ministerial Decree 9 May 2018, n. 58 (OJ n. 126 of 2018 June, 1) and subsequent amendments and additions, article 102, paragraph 1, Law Decree no. 18/2020, and Teaching Regulations of the Single Cycle Medicine and Surgery Degree.

DECLARES

to have positively passed all the required exams relating to the first four years of the degree course provided for by the Regulations and the Plan of Study of the Single Cycle Medicine and Surgery Degree in which he is enrolled, aware that, pursuant to art. 76 of Presidential Decree 445 of 28-12-2000, false or mendacious declarations, false documents, the use of false documents are punished under the criminal code and special laws on the subject.

ATTACHED, to this request, the list of exams taken and the identity document.

Date ___ / ___ / ___

Signature _____