



Università
degli Studi di
Messina

**DEPARTMENT OF BIOMEDICAL, DENTAL AND MORPHOLOGICAL AND
FUNCTIONAL IMAGING SCIENCES**

APPLICATION FOR THESIS ASSIGNMENT

To obtain the degree, the student must submit this form, duly completed
at least 6 months before the start date of the first useful degree session.

To the Director of the Department of Biomedical and Dental Sciences
and Morphological and Functional Images of the University of
Messina

The undersigned _____ born in _____ on
_____ matriculation number _____ enrolled for the academic year ___/___ in the
degree programme in:

6-year single cycle degree (LM-41) in Medicine and Surgery

ASKS

that he/she be assigned a thesis in the Integrated Course of:

_____ on the following topic:

The student requests to take the degree exam in the session:

- March
- July
- October
- December

for the academic year _____

Messina, _____

SIGNATURE

THIS PART RESERVED FOR THE SUPERVISOR

Name and Surname of the supervisor _____

Qualification of Supervisor: Full Professor Associate Professor Researcher Other category

Integrated Course _____

Thesis title

Date of assignment _____

THE SUPERVISOR

**SEEN BY
THE COORDINATOR OF THE COURSE OF STUDY**

Prof. _____

Messina, _____

THIS PART RESERVED FOR THE DIRECTOR OF THE DEPARTMENT

The assignment is confirmed.

The Director

Prof. Sergio Baldari