



Università  
degli Studi di  
Messina

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

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**REQUEST FOR CHANGING TITLE OF THE THESIS**

To the Director of the Department of Biomedical, Dental  
Sciences and the Morphological and Functional Imaging

The undersigned Prof. \_\_\_\_\_, thesis supervisor of the student \_  
matriculation number \_\_\_\_\_ of the Degree Programme in:

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

Who is due to take the degree exam in the month of \_\_\_\_\_, academic year \_\_\_\_\_

Asks to be authorized to change the title of the thesis  
from \_\_\_\_\_

\_\_\_\_\_

to \_\_\_\_\_

The subject matter will remain substantially unchanged.

Messina \_\_\_\_\_

The Supervisor

RECEIVED BY  
THE COORDINATOR OF THE COURSE OF STUDY

**This Part reserved for the Director of the  
Department**

The change is confirmed.

THE DIRECTOR  
(Prof. Sergio Baldari)