



Università
degli Studi di
Messina

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

REQUEST FOR REPLACEMENT OF THESIS SUPERVISOR

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

The undersigned Prof. _____, Supervisor of the thesis of the
student _____ matriculation number _____ of the Degree Program

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

who will have to take the degree exam in the month of _____ academic year

He declares that he can no longer follow
the student _____ Matriculation number _____ in the
drafting of the thesis for _____

The undersigned Prof will take over _____

Messina _____

The Supervisor

This part reserved for the incoming Supervisor

I, the undersigned, _____ declare that I am willing to take
over as Thesis Supervisor.

It also declares that the argument of the thesis will remain unchanged.

The incoming Supervisor

(signature)

SEEN 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)