

**UNIVERSITY OF MESSINA**

**DEPARTMENT OF BIOMEDICAL AND DENTAL SCIENCES AND**

**MORPHOLOGICAL AND FUNCTIONAL IMAGES**

**Single-Cycle Degree Course in “Medicine and Surgery”**

***Integrated Course of ……***

**THESIS TITLE IN CAPITAL LETTERS**

Student:

**Name Surname**

Supervisor:

**Prof. Name Surname**

Co-supervisor: [if present]

**Prof. / Dr. Name Surname**

**Academic Year 20…/20…**