



Università
degli Studi di
Messina

**DEPARTMENT OF BIOMEDICAL SCIENCES, DENTAL SCIENCES
AND MORPHO-FUNCTIONAL IMAGING**

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 graduation session

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

The undersigned _____ born in _____ on
_____ matriculation number _____ enrolled for the academic year ___/___ in the
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 DEGREE COURSE**

Prof.

Messina, _____

THIS PART RESERVED FOR THE DIRECTOR OF THE DEPARTMENT

The assignment is confirmed.

The Director

Prof. Sergio Lucio Vinci