



Università
degli Studi di
Messina

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

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 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 DEGREE COURSE

Prof. _____

This Part reserved for the Director of the Department

The change is confirmed.

THE DIRECTOR
Prof. Sergio Lucio Vinci