



Università
degli Studi di
Messina

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

REQUEST FOR REPLACEMENT OF THESIS SUPERVISOR

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

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

DECLARES to no longer follow the student _____

Matriculation number _____ in the drafting of the thesis because of _____

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.

I also declare that the subject of the thesis will remain unchanged.

The incoming Supervisor

(signature)

SEEN BY
THE COORDINATOR OF THE DEGREE COURSE OF STUDY

This part reserved for the Director of the Department

The change is confirmed.

THE DIRECTOR
Prof. Sergio Lucio Vinci