To the kind attention of

Prof. ……………..…

Teacher of the Subject ..………………

Course Medicine and Surgery

The undersigned ……………………………………………………… born in ……………… on ……..…….., regularly enrolled for the academic year ………… in the ….. year of the “Medicine and Surgery” course of study, matriculation no. ……..

ASKS

to be allowed carrying out the internship activity for a total commitment of n. …… hours (n. …. ECTS) at the department of ……………………………………………………………………….. or the laboratory of ……………………………………………………………………………………….

The content of the internship will be as follows: ………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

The hourly commitment will be maintained and verified through a log-book in which the activities carried out will be documented signed by the undersigned and countersigned by the Teacher.

At the end of the activities I am aware of having to write a report on the experience carried out.

Place and date Signature