



**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 .....*

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**THESIS TITLE IN CAPITAL LETTERS**

Student:

**Name Surname**

Supervisor:

**Prof. Name Surname**

Co-supervisor: [\[if present\]](#)

**Prof. / Dr. Name Surname**

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**Academic Year 20.../20...**