Dissertation Internship Form
School of Medicine and Surgery

STUDENT'S NAME AND SURNAME: _____

Degree Course: _____ Degree Class: _____ Student ID: _____

Course Year: _____ Academic Year: _____

Title of the Dissertation: _____

Dissertation Advisor: _____

Internship carried out at: _____

Internship details: _____

_____

_____

Expected duration of the internship from_____ to _____

Estimated date of the thesis discussion: _____

The student:
- undertakes to access the above-mentioned facility EXCLUSIVELY for the purpose of study and observation aimed at the preparation of his/her thesis, and to carry out exclusively academic activities, without any work obligations of any kind and not to provide services of any kind;
- undertakes to abide by the facility's rules and regulations.

Rome, _____

Student's signature

_____

Dissertation Advisor's signature

_____

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