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 the facility affilited with UniCamillus: _____

Internship details: _____
_____
_____

Expected duration of the intership from_____ to _____

Estimated date of the thesis discussion: _____

Rome, _____

Student's signature

_____

Dissertation Advisor's signature

_____

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