



SAPIENZA
UNIVERSITÀ DI ROMA

FACOLTÀ DI FARMACIA E MEDICINA

Degree Programme in Medicine and Surgery "F"

To the Dean of the Faculty

Student no. _____

The student _____

born in _____ in date of _____

enrolled regularly to the 6th year / to the 6th year with more than 6 course years

of the Degree Programme in Medicine and Surgery "F",

REQUESTS

to defend the FINAL THESIS in the following exam period:

EXAM PERIOD 1 (indicare)

JUNE	JULY	SEPTEMBER
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EXAM PERIOD 2 (indicare)

OCTOBER	NOVEMBER
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EXAM PERIOD 3 (JANUARY)

SPECIAL EXAM PERIOD (MARCH)

of the **ACADEMIC YEAR 20**____/____

TITLE OF THESIS: _____

TUTOR: Prof. _____

THE GRADUATE:

ADDRESS: _____

CELL PHONE: _____

E-MAIL: _____

FISCAL CODE: _____

Rome, _____