



UNIVERSITÀ DEGLI STUDI DI NAPOLI "FEDERICO II"

SCUOLA DI MEDICINA E CHIRURGIA

Dipartimento Universitario di Scienze Mediche Traslazionali

Direttore Prof.ssa Annamaria Staiano

**Corso di Laurea Magistrale a ciclo unico in
MEDICINA E CHIRURGIA in lingua inglese (LM-41)
Coord. Prof. Pasquale Abete**

Model C

Administrative control model to be delivered together with model 3 to the Didactic Secretariat.

The undersigned _____

birth date _____ birth place _____ prov. (____)

ID number: _____

Mobile phone: _____

e-mail: _____

aware of the penal sanctions provided for in the event of a false declaration and of the forfeiture of any benefits obtained as a result of the provision issued on the basis of the untruthful declaration (articles 75 and 76 of Presidential Decree 28 December 2000, n. 445), declares under its own responsibility that the title of your thesis:

THESIS' TITLE:

SCIENTIFIC FIELD (SSD): _____

TUTOR - Prof.: _____

Experimental Compilative

The undersigned furthermore declares to have passed all the exams and the Elective Educational Activities as well as having acquired all European Credit Transfers (ECTs/CFU) relating to the Clinical Clerkships provided for in their study plan for the achievement of the degree in MEDICINE and SURGERY (P11) or declares to be in debt for the following exams

1. _____

2. _____

Date, _____ Signature _____

Please note: the candidate who fails to pass the profit exams in due and / or for any personnel reason do not intend to graduate is mandatory to communicate it for registered with the competent offices. For the successive degree exam session the candidate should necessarily represent all the required documentation.