



● Università
● degli Studi
della Campania
Luigi Vanvitelli

Thesis Allocation Request Form for the Degree of Medicine and Surgery

To the President of the CoD in Medicine and Surgery in English

School of Medicine and Surgery

The Undersigned _____

Born in _____ on _____

Enrolled at _____ Year of the Medicine and Surgery degree programme in English with the following

Student ID number A90/ _____

Requests

To receive the following Thesis (cross your choice):

EXPERIMENTAL THESIS (*Tesi Sperimentale*):

DESCRIPTIVE THESIS (*Tesi Compilativa*):

Under the guidance of Prof. _____ as the supervisor
of choice

To discuss the following
topic _____

Naples, _____

Student Signature

Professor Signature

Professor's Department Stamp