



UNICAMILLUS

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

Mod 148 Rev_0 of 27.03.2023