Università
degli Studi di
Messina
DIPARTIMENTO DI SCIENZE
MATEMATICHE E INFORMATICHE,
SCIENZE FISICHE E SCIENZE DELLA TERRA

Object: REQUEST FINAL ELABORATE

Request Final Elaborate - ☐ Review ☐ Experimental

The Requester (surname/name) _____ Serial n° _____

Enrolled in the faculty course of -

In the Academic Year _____ / _____ Year of course ☐ I ☐ II ☐ III ☐ OFF COURSE
☐ IV ☐ V ☐ VI ☐ PART TIME

Enrolled in the Academic Year _____ / _____

CONTACTS - Phone _____ E-Mail _____

REQUESTS

The assignation of the thesis' topic.

Topic assigned by the Relator: _____

_____

_____

_____

Attached the printout of the booklet, present on ESSE3, certifying the taken exams.

DATE OF ALLOCATION	SIGNATURE OF RELATOR	SIGNATURE OF REQUESTER
Messina, _____	_____	_____

N.B. Compilation is OBLIGATORY in all its fields. Incomplete requests will be rejected.
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