



Università
degli Studi di
Messina

DIPARTIMENTO DI SCIENZE
MATEMATICHE E INFORMATICHE,
SCIENZE FISICHE E SCIENZE DELLA TERRA

Object: REQUEST OF MASTER'S DEGREE THESIS

Thesis request - Review Experimental Research

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

Enrolled in the faculty course of _____

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

Enrolled in the Academic Year _____ / _____

CONTACTS - Phone _____ E-Mail _____

REQUESTS

The assignation of the thesis' topic.

Topic assigned by Relator: _____

Eventual Co-Relator, the Prof./Doc. _____

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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