

To the Coordinator of the Degree Course in
 Nutritional Sciences
 Department of Pharmacy and
 Health and Nutritional Science
 c/o Edificio Polifunzionale
 UNICAL SEDE

Thesis request

The undersigned, born in on, enrolled in the year of the Degree Course (DM ...), matriculation, having acquired..... University credits (CFU), hereby requests to be able to carry out the academic thesis work with:

Thesis Supervisor (Last Name and First Name)	Disciplinary Scientific Sector	Supervisor Signature
Co-Supervisor (Last Name and First Name)		Co- Supervisor Signature

Type of Thesis

	COMPILATION
	EXPERIMENTAL

Thesis Abroad

Institution	
External Supervisor (Last Name and First Name)	External Supervisor Signature
External Supervisor e-mail and telephone number:	

Date and place of Signature

In Faith

