



UNIVERSITY OF PISA

DEPARTMENT OF BIOLOGY
Master's degrees in Biological Sciences (Class LM-6)

To be sent to:
Mrs Cristina Mela
Dept. of Biology – Didactic Office - Tel. 050 2211517
Via A.Volta, 4 bis - 56126 PISA

APPLICATION FORM FOR FINAL DISSERTATION

The undersigned student _____

Place and date of birth: _____

Address: _____

Tax code _____ Tel. _____ Mobile phone _____

e-mail _____

First enrolment A.Y. _____ Student Identification Number _____

Master degrees in _____

curriculum _____

**The undersigned communicates that he/she is going to take part in the activities
related to the final paper**

At _____

Host Institution Tutor: _____ Title: _____

Second Host Institution Tutor _____ Title: _____

Department tutor _____

Scheduled date for the beginning of the activities*: from ___/___/___ to ___/___/___

Topic: _____

* The length of the project can't exceed 12 month. In case of a needed temporal extension it's mandatory to submit a supplementary form available at the Didactic Office .

Insurance Policies:

Insurance policy INAIL position number 3140.

Accident insurance provided by the University of Pisa: (Policy Generali Italia S.p.A. n.360177609) and General liability insurance (Policy UnipolSai Assicurazioni S.p.A. n. 131693299);

Host Institution Tutor Signature

Supervisor Signature

Department Tutor Signature

The graduating student declares that:

- 1. he/she will respect all the rules and regulations in use by the Company, including the hygiene, health and safety regulations in the working environment;**
- 2. he/she will be bound by professional secrecy both during and after his/her internship with regard to data and information about products or processes of the host company that he/she may become aware of during the internship;**
- 3. he/she will ask for an authorization in case of possible reports or papers for other;**

Date _____

Signature of the graduating student for approval
