



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 (Second Tutor): _____

Title _____

Professor of the Master Degree (Tutor/"Relatore") _____

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 (Second Tutor) Signature

Department Tutor (“Relatore”) 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;**
4. **he/she acknowledges that the application must be submitted for the approval of the Council of the Master Degree and that the thesis must be signed by an official professor of the Master Degree.**

Date _____

Signature of the graduating student for approval
