



UNIVERSITY OF PISA

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

APPLICATION FOR EXTERNAL INTERNSHIP FOR THESIS B

TRAINEE INFORMATION

First name _____ Surname _____

Master degrees in _____ curriculum _____

First enrolment A.Y. _____ Student Identification Number _____

Place and date of birth: _____

Address: _____

Tax code _____ Tel. _____ e-mail: _____

DEPARTMENT TUTOR

Prof. _____ Tel. _____ e-mail: _____

HOST INSTITUTION TUTOR

Name: _____ Role/Position: _____

Tel. _____ e-mail: _____

INTERNSHIP INFORMATION

Scheduled date for the beginning of the activities: ____/____/____

Place of the internship: _____

Topic: _____

Date _____ Student Signature _____

To be sent to: Dept. of Biology – Didactic Office -
Mrs Gabriella Magliocchi - Tel. 050 2211.516
e-mail: gabriella.magliocchi@unipi.it
Via A.Volta, 4 bis - 56126 PISA