



UNIVERSITY OF PISA

DEPARTMENT OF BIOLOGY

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

APPLICATION FOR INTERNAL 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: _____

INTERNSHIP INFORMATION

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

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
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