

INTERNSHIP START FORM
MASTER'S THESIS B

The student _____ Matricola n. _____

E-mail: _____ Tel: _____

Master course in _____

INFORMS THAT:

he/she intends to perform its intership at:

☐ laboratories of the Department of Biology (specify the location): _____

Thesis supervisor/s: _____

☐ laboratories of other departments of the university or one of the following research institutions:
Scuola Normale Superiore, CNR, Scuola Superiore Sant'Anna (specify the location):

Thesis supervisor/s: _____

Tutor (if the supervisor does not hold a teaching position in the Department of Biology.): _____

☐ research institutions or companies located in Italy or abroad (specify the location):

Thesis supervisor/s (internal supervisor): _____

External thesis supervisor: _____

Date of start of activity: ____/____/____

* It is necessary to obtain permission from the Department's Teaching Unit in order to start the experimental activity.
The activity must be completed within 12 months from the date of authorization. Any extension request must be
submitted by the thesis supervisor to the Unità didattica of the Department.

Signature of the supervisor/s (internal supervisor/s):

Signature of the tutor (whether present):

Signature of the external supervisor/s (whether present):

The student declares to:

- abide by the disciplinary regulations, organizational rules for safety and hygiene at work;
- maintain the obligation of secrecy during and after the performance of the thesis with regard to products, production processes and any other activity or characteristic of the host company of which he/she becomes aware during the activities related to the performance of the thesis;
- request verification and authorization for any papers or reports to third parties;
- be aware that the request must be submitted for approval by the Graduate Council and that the thesis must be countersigned by the Supervisor.

Date: ____/____/____

Place: _____

Signature of the student: _____

To send to tesi-bio@biologia.unipi.it