



UNICAMILLUS

Dissertation Internship Form
School of Medicine and Surgery

STUDENT'S NAME AND SURNAME: _____

Degree Course: _____ Degree Class: _____ Student ID:

Course Year: _____ Academic Year: _____

Title of the Dissertation: _____

Dissertation Advisor: _____

Internship carried out at the facility affiliated with UniCamillus:

Internship details: _____

Expected duration of the intership from _____ to _____

Estimated date of the thesis discussion: _____

Rome, _____

Student's signature

Dissertation Advisor's signature

Mod 149 Rev_0 of 27.03.2023