



Departmental School of Medicine and Surgery
Degree Course in Medicine and Surgery

Request for Practical Evaluation Internship as Medical Surgeon

To the Medicine and Surgery MSc Head of School

The undersigned _____
born in _____ on _____
resident in _____
address _____
Student No. _____ e-mail address _____

REQUESTS to start the Practical Evaluation Internship, in accordance with the provisions of Art. 3 MD May 9, 2018, No. 58 (Gazzetta Ufficiale No.126 of June 01, 2018), in accordance with the Academic and Teaching Regulations of the Medicine and Surgery Degree Course, for the State Exam to practice as a Medical Surgeon.

DECLARES that they have successfully taken all the core examinations for the first four years of the Degree Course as set out in the Teaching Regulations of the Medicine and Surgery MSc they are enrolled in. Pursuant to Art. 76 of Presidential Decree 445 of December 28, 2000, they declare to be aware that false or mendacious statements and false documents can be punished according to Penal Code and to special laws.

ATTACHES to this request the *Substitutive Declaration of University Enrolment Certification* and a valid identity document.

DATE _____

SIGNATURE

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