



**UNIVERSITÀ
DI TORINO**

Direzione Didattica
e Servizi agli Studenti

**Authorization request for external thesis research activities
(non connected to internship/stage activities): to send via email to
jobplacement.medicina@unito.it**

Name and Surname of the student:
Birthplace..... Date of birth
Resident in ViaCAP
Prov.
Enrolment nr.
tel. E-mail
Master Degree course in

Thesis Advisor/Teacher in charge for University of Turin

Host Institution:.....
Location (address):
Tel. E-mail
Duration from (date) to (date)
Company/InstitutionTutor.....

Activities to be carried out:
.....
.....

I confirm that the student need to attend the Host Institution to carry out thesis research activities.

....., date

Thesis Advisor/Teacher in charge for University of Turin
Sign
.....

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Area Didattica e Servizi agli Studenti Polo Medicina Torino
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