



**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

.....