

THESIS AT AN EXTERNAL INSTITUTION

(to be filled out in 3 copies, one of which must be submitted to the Teaching Office)

Thesis candidate's full name _____
born in _____ on _____
resident in _____ postal code _____
street _____ no. _____
e-mail _____ phone _____
enrolled in the Bachelor's/Master's Degree Programme in _____

Thesis topic _____

Supervisor _____

Host institution _____

Head of the facility/laboratory _____

Location _____ postal code _____

Street _____ no. _____ phone _____

Access period (number of months) _____

specifically from _____ to _____

Insurance policies:

Workplace accident insurance policy no. 40773461 – AXA Assicurazioni

Third-party liability insurance policy no. RCT 64231/65/185314010 – UNIPOLSAI

Place _____ Date _____

Signature of the thesis candidate for acknowledgement and acceptance

Supervisor's signature for acknowledgement _____

Host institution's acceptance signature _____