



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

AREA
DI CAMPUS DI FORLÌ

APPLICATION FORM FOR MAJOR MASTER THESIS

TWO YEAR MASTER DEGREE - AEROSPACE ENGINEERING (code 5723-6704)

Date _____ University Registration Number _____

The undersigned _____

(Last name and name)

born in _____ on _____

registered to _____ year of the course "Aerospace Engineering" code _____

REQUESTS

to Committee to choose "Major Master thesis".

Please, indicate your Supervisor name: Prof. _____

Topic of the Thesis

The Supervisor and the student suggest the following EXAMINER to the Committee:

Prof. _____

Supervisor _____ Student _____

(signature)

(signature)

Approved by Commission: _____ Date _____

(signature)

SETTORE SERVIZI DIDATTICI CAMPUS DI FORLÌ/UFFICIO GESTIONE CDS INGEGNERIA

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