



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

AREA
DI CAMPUS DI FORLÌ

THESIS PREPARATION REQUEST FORM

CDL MAGISTRALE- MASTER DEGREE PROGRAMME IN AEROSPACE ENGINEERING (cod. 8769)

STUDENT NUMBER _____

The undersigned _____

(surname and name)

born in _____ / _____ / _____ on _____ / _____ / _____

REQUESTS

To the 'Internship and Thesis Preparation Committee' to select the 'Thesis Preparation' activity within the course unit of

SSD _____ indicating as supervisor

Professor _____

Premises where the activity takes place (name, address, city) _____

I also declare to meet the following requirements, necessary for the activity to be carried out:

- To be enrolled on the II° year of the Master Degree in Aerospace Engineering
- To have passed at least 60 credits planned in my study plan.

To prove it, I attach my study plan and list of the passed exams.

I declare not to incur the incompatibility of article. 5 (paragraph 1, section 6) of the **New General Regulations of the University for Traineeship** (DR n. 1655/2014 of 12.11.2014 - published in BU n. 218 of 17/11/2014): "The internship may be carried out both in external parties (eg. : businesses and public or private organizations, associations, voluntary associations, etc.) and at the University internal structures (hereafter referred to generically "host organizations"). **The internship cannot be done in a facility in which either the head office, the associate or the general manager has ties of kinship or affinity within the second degree with the student / graduate applicant.**"

Forlì, _____

Signature

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SETTORE SERVIZI DIDATTICI CAMPUS DI FORLÌ/UFFICIO GESTIONE CDS INGEGNERIA

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