



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

DIPARTIMENTO
DI FISICA E ASTRONOMIA
"AUGUSTO RIGHI"

Master Degree Programme in Physics EXTERNAL SUPERVISOR FORM

The undersigned,

Name _____

Surname _____

Unibo registration number _____

Unibo email address _____

requests approval from the Degree Programme Board to prepare the final examination with an External Supervisor.

Name and surname of the External Supervisor:

Degree Programme in which the External Supervisor is teaching:

Title or brief summary of the thesis project:

Date

Student's Signature

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