



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

DIPARTIMENTO
DI CHIMICA
"GIACOMO CIAMICIAN"

Thesis title form

Master Degree Programme in Science for the Conservation-Restoration of Cultural
Heritage (S.Co.Re.)

Name: _____

Surname: _____

Date of birth: _____

Place of birth: _____

University registration number: _____

Thesis supervisor: Professor _____

Teaching activity held by the supervisor: _____

Thesis co-supervisor: _____

Master degree thesis title¹:

Date:

Supervisor's signature

Co-supervisor's signature

¹ The thesis title cannot be modified after the approval of the Degree Programme Board
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