



UNIVERSITÀ DEL PIEMONTE ORIENTALE

SPECIALIST MASTER COURSE THESIS TITLE

ID number

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I the undersigned (complete name) _____

(complete last name) _____ M F

Born on the _____ in (town) _____

Province/Nation of birth _____

Mobile phone (specify if the number is Italian or foreign) _____

enrolled as a first year student of the Specialist Master's Programme in _____

Academic Year _____ in the Department of Giurisprudenza e Scienze Politiche, Economiche e Sociali

FINAL TEST

WRITTEN DISSERTATION (write in capital letters) :

Discipline _____

Supervisor _____

Title _____

Supervisor's signature

Date _____

Student's signature
