



UNIVERSITÀ DEL PIEMONTE ORIENTALE

SPECIALIST MASTER COURSE THESIS TITLE

UPO ID number

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:

Discipline _____

Supervisor _____

Title _____

Supervisor's signature

Date _____

Student's signature

PLEASE WRITE IN BLOCK CAPITALS;

THE NAME AND CODE OF THE DISCIPLINES ARE LISTED IN THE STUDENT RECORD BOOK; SPECIFY THE MAIN EXAMINATION AND NOT ONE OF THE COMPONENT MODULES.