

FOR THE ATTENTION OF THE RECTOR
UNIVERSITY OF SIENA
SIENA

REGISTRATION NO. _____

The undersigned _____

born in _____ (_____)_ on _____

resident in _____ in Via/P.zza _____

Tel. _____ Mob. _____ e-mail: _____

enrolled for academic year _____ / _____ in the _____ course year/supplementary

year of the Course for **Specialist/Master's Degree** in _____

of the Department of Information Engineering and Mathematical Sciences, applies to sit on (date) _____

the Specialised/Master's Degree exam

1. **Compilation thesis (it is necessary to tick the type of thesis selected)**
2. **Theoretical/experimental thesis**

Name of Supervisor _____

Name of co-Supervisor(s) (*) 1. _____

2. _____

3. _____

(*) If the co-Supervisor(s) does/do not belong the Department, specify the E-MAIL address

Student's address: _____

Residence (if different from the address):

Telephone: _____ Mobile: _____

STATEMENT OF ASSIGNMENT (to be compiled by the Supervisor)

Compilation Thesis

Theoretical/Experimental Thesis ()*

The student _____ intends to prepare for the exam of
Specialised/Master's Degree the following text entitled: (block letters)

(*) In the case of a theoretical-experimental thesis, an examiner will be appointed by the Teaching Committee

Siena, _____ **Signature of Supervisor** _____

DOCUMENTATION CHECK (by the Student and Teaching Office)

- TAXES AND REGISTRATION/RECOGNITION APPLICATIONS
- ACADEMIC BOOKLET
- THESIS ABSTRACT, SENT BY E-MAIL

NOTES _____

CHECK CARRIED OUT ON _____ BY _____

Finally, I commit myself to paying the tax stamp for the issue of the original graduation diploma.

Pick up/Delivery of the original graduation diploma:

- Graduation Day
- Collection within 90 days of graduation
- Delivery to the address provided with postage & packaging charges

Residence/Address where the diploma must be delivered:

Address _____ no. _____
ZIP code _____ City _____ Country _____
Phone _____ Cell phone _____

Siena, _____

Legible signature