



UNIVERSITÀ
DI SIENA 1240

THE UNIVERSITY OF SIENA
**DEPARTMENT OF SOCIAL, POLITICAL AND
COGNITIVE SCIENCES**
Via Roma, 56 – 53100 SIENA

DISPOC

**DECLARATION OF THESIS ACCEPTANCE TO BE DELIVERED TO THE STUDENTS
AND COURSE ADMINISTRATION OFFICE WHEN THE STUDENT REQUESTS A
THESIS**

PROFESSOR: (FULL NAME) _____

STUDENT: (FULL NAME) _____

INSTITUTIONAL E-MAIL ADDRESS: _____@ student.unisi.it

USERNAME: _____

MATRICULATION NUMBER: _____

FIRST CYCLE DEGREE COURSE IN

SECOND CYCLE DEGREE COURSE (*SPECIALISTICA/MAGISTRALE*) IN

TENTATIVE THESIS TITLE: _____

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