



Università  
degli Studi  
della Campania  
*Luigi Vanvitelli*

## Degree Course in Medicine and Surgery in English

To President of the Degree Course  
in Medicine and Surgery in English

**Subject: Request for participation in the Practical Evaluation Training (TPV) in Medicine, Surgery and General Medicine, for the acquisition of the qualifying degree in Medicine and Surgery.**

The undersigned (*first name*) \_\_\_\_\_ (*last name*) \_\_\_\_\_

University freshman A90/ \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

email \_\_\_\_\_ Phone \_\_\_\_\_

enrolled in the academic year \_\_\_\_\_ in the \_\_\_\_\_ year of Degree Course, or in the  
\_\_\_\_\_ out of Course year

### REQUESTS

to participate in the TPV of:

- Medical Area
- Surgical Area
- General Medicine Area

provided for by art. 3 of the Ministerial Decree of 9 May 2018, n. 58 (GU No. 126 of 1-6-2018), and implemented by the Didactic Regulations and Regulations of the Master's Degree Course in Medicine and Surgery, for the purpose of obtaining the Enabling Degree.

Aware that, pursuant to Art. 76 of Presidential Decree 445 of 28-12-2000, false or mendacious declarations, false documents, the use of false documents, are punished under the criminal code and special laws on the subject,

### DECLARES

to have passed all the exams of the first, second, third and fourth year of the Study Plan of the Degree in Medicine and Surgery in English.

DATA \_\_\_\_\_

Signature \_\_\_\_\_

**ATTACHED to the present:**

- Certification of exams taken in the first, second, third and fourth year.
- List of the missing exams of the first, second, third or fourth year to be completed and to be communicated to [medicineandsurgery@unicampania.it](mailto:medicineandsurgery@unicampania.it) before the start of the TPV session.
- Copy of identity document

The application form must be sent to [medicineandsurgery@unicampania.it](mailto:medicineandsurgery@unicampania.it)