

At the School of Medicine and Surgery

Subject: Request for participation in the Medical, Surgical and Basic Medicine Practical Evaluative Internship, for the acquisition of the qualifying degree in Medicine and Surgery.

The undersigned \_\_\_\_\_ serial number \_\_\_\_ / \_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_ resident in \_\_\_\_\_  
province \_\_\_\_\_ street \_\_\_\_\_ no. \_\_\_\_\_  
email address \_\_\_\_\_ Tel no. \_\_\_\_\_  
enrolled in the academic year \_\_\_\_\_ at the \_\_\_\_\_ year of the course,  
or to the \_\_\_\_\_ off course, of the master's degree Course in Medicine and Surgery

ASKS

to participate in the Practical Evaluation Internship:

- ☐ Medical Area in the month of \_\_\_\_\_ year \_\_\_\_\_
- ☐ Surgical Area in the month of \_\_\_\_\_ year \_\_\_\_\_
- ☐ Basic Medicine area in the month of \_\_\_\_\_ year \_\_\_\_\_

provided for by the art. 3 of the Ministerial Decree 9 May 2018, n. 58 (GU no. 126 of 1-6-2018), and implemented by the Regulations and Teaching Regulations of the master's degree Course in Medicine and Surgery, for the purposes of obtaining the Qualifying Degree. Aware that, pursuant to Art. 76 of Presidential Decree 445 of 12/28/2000, false or mendacious declarations, falsifying documents, the use of false documents, are punished pursuant to the penal code and special laws on the matter,

DECLARE

to have passed all the fundamental exams relating to the first four years of the course required by the Regulations of the master's degree Course in Medicine and Surgery in which he is enrolled.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ATTACH to this request:

- list of exams taken,
- copy of the identification document.