



UNIVERSITY OF PISA
**MASTER DEGREE IN BIONICS
ENGINEERING**
D.M. 270



Pisa, li

**To Director of Master
Program in Bionics Engineering**

Name and Surname _____ born in _____
data _____

City of residence _____ street _____, n. ____ (Tel. or cell _____ / _____),

address in Pisa, street _____ n. ____ (Tel. or cell _____ / _____),

e-mail _____

Academic year of enrollment _____, enrolled in the Master Degree in Bionics Engineering, requires to perform the activity of Final Thesis (15 CFU) on the following topic:

with the following tutors:

1. _____ (Name and Surmane) _____ (Signature)

2. _____ _____

External Supervisor (appointed by the Director)

1. _____ (Name and Surmane) _____ (Signature)

(Student's signature)

Director of Master Program in Bionics Engineering _____