

**UniTrento Student’s number**

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CIMeC – Center for Mind/Brain Sciences

**Final Examination Request**

Academic Year

The Student

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| --- | --- | --- | --- | --- |
| Last name |       |  | Name |       |
| Date of birth (dd/mm/yyyy) |       |  | Place of birth |       |

Enrolled in the **Master’s course in Cognitive Science**

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| Track: |       |

Asks to be admitted to the Master’s defense in the day (dd/mm/yyyy):

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|       |

Thesis title: 1

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| type of thesis | [ ]  bibliographic [ ]  theoretical and experimental |

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| UniTrento Supervisor  |       |
| Co-Supervisor 2 |       |

**Reserved to the Supervisor**

I confirm that the student is regularly developing his/her final dissertation under my supervision.

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| --- | --- | --- | --- |
| Place and date |       | Supervisor’s signature |  |

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1 In capital letters.

2 Only for theoretical and experimental thesis.