

**UniTrento Student’s number**

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CIMeC – Center for Mind/Brain Sciences

**Final Examination Request**

Academic Year

The Student

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.