



**UNIVERSITÀ  
DI TRENTO**



**SIS**  
**School of  
International  
Studies**

**UNITRENTO STUDENT ID  
NUMBER**

**SCHOOL OF INTERNATIONAL STUDIES  
GRADUATION SESSION APPLICATION FORM**

ACADEMIC YEAR \_\_\_\_\_

TO THE RECTOR

**THE UNDERSIGNED**

FAMILY NAME \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_@STUDENTI.UNITN.IT

ENROLLED IN THE MASTER DEGREE (LAUREA MAGISTRALE):

\_\_\_\_\_

ASKS TO BE ADMITTED TO THE GRADUATION SESSION HELD ON: \_\_\_\_\_

THESIS FORMAT  RESEARCH THESIS  DOUBLE DEGREE THESIS

DISSERTATION TITLE (CAPITAL LETTERS):

\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_

**DISSERTATION SUPERVISOR'S STATEMENT**

THE STUDENT HAS REGULARLY COMPLETED HIS/HER DISSERTATION, AND CAN BE ADMITTED TO THE GRADUATION SESSION.

**THE DISSERTATION SUPERVISOR**

\_\_\_\_\_  
(SIGNATURE)