



**UNIVERSITÀ  
DI TRENTO**

Department of  
Cellular, Computational and Integrative Biology - CIBIO

**REQUEST THE EXTENSION OF THE INTERNSHIP/THESIS PERIOD**  
**Department of Cellular, Computational and Integrative Biology – CIBIO**

The undersigned Prof./Dr. \_\_\_\_\_

as a university tutor of the student \_\_\_\_\_

matriculation number \_\_\_\_\_

enrolled in the Degree course in \_\_\_\_\_

certifies that the objectives of the internship/thesis project were not achieved for the following reasons:

\_\_\_\_\_

and ask for an extension of the internship period until \_\_\_\_\_

Trento, \_\_\_\_\_

University tutor \_\_\_\_\_

The Student \_\_\_\_\_

For approval, the Delegate for internship \_\_\_\_\_