



Università  
degli Studi  
di Palermo

Dipartimento di Biomedicina,  
Neuroscienze e Diagnostica Avanzata

Il Direttore: Prof. Riccardo Alessandro



To Department of  
BIOMEDICINA, NEUROSCIENZE  
E DIAGNOSTICA AVANZATA

**Object:** Visiting Students, authorization form to access Departmental facilities

The undersigned (name and surname) .....,  
born in ..... on .....,  
as a student of ..... year of the Degree Course in  
.....,  
registration number:....., email:..... ,  
phone number:.....,

#### ASKS

to attend the premises and research laboratories of the section  
of ....., pertinence of this Department, for which is  
responsible Professor ....., for the period  
from ..... to ....., in order to carry out the activity of: *(tick the box of  
your interest)*

- ☐ DISSERTATION PROCESSING (Protocol number .....  
of ....., if already assigned);
- ☐ INTERNSHIP;
- ☐ STUDY/RESEARCH/EXPERIMENTAL-TEACHING LABORATORY;
- ☐ VOLUNTARY ATTENDANCE.

To this end, the undersigned



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## DECLARES

- To have received on behalf of the Director of the Department all information regarding safety, prevention and protection measures related to the equipment to be used;
- To respect the safety regulations and the use of personal protective equipment during the activity on Departmental premises, in accordance to the safety regulations and the obligations described in the art. 5 of the Legislative Decree 626/94 and art. 20 of the Legislative Decree 81/2008 and subsequent amendments;
- To be aware of the fact that the insurance coverage, for the entire period of attendance, is guaranteed by the home University or at own expense. In this case please attach : insurance policy certificate;

Palermo, .....

The applicant

The Head of the  
Department Section

The Student  
Supervisor

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### ACCESS AUTHORIZATION TO DEPARTMENTAL FACILITIES

***Seen, it is authorized.***

The Director Prof. Riccardo Alessandro

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