

**DISSERTATION TITLE assignment form**

Last name ……………………………………Name…………………………………………………

Place of birth ……………………………….d.o.b. …………………Reg. N. ……………………….

Address: ……………………………………………………………………………………………….

Telephone n. …………………………………email: …………………………………………………

Planned session: …………………………………………………………………………. …………..

Topic of the final dissertation: ………………………………………………………………………

……………………………………………………………………………..………………………….

………………………………………………………………………………………………………… Supervisor: Prof. ……………………………………………….

Signature of the Supervisor Professor

………………………………………………….

Palermo………………

Signature of the Student

…………………………………..

Via Maqueda 324, 90134 Palermo Tel 09123892514/515/530 dems@unipa.it  www.unipa.it/dems