



AVAILABILITY OF TRAINING PLACEMENTS

To the President of the Degree Course in Medicine and Surgery - University of Trieste - ITALY

I (name, surname).....,

Professor/Dr. of (medical council)

declare myself available to carry out the tutoring of the student.....

for a practical internship (period) from to.....

(where)

as part of the student’s internship concerning the year of the Doctoral School in Medicine and Surgery at the University of Trieste (Italy), and take on responsibility of the activity, also in relation to my own company, which will be appraised, and declare that he/she will only perform the authorized activities.

Data

Signature of Professor/Dr. Tutor

.....

.....

