



Dipartimento Universitario Clinico di Scienze Mediche, Chirurgiche e della Salute
Corso di Laurea in Medicina e Chirurgia

QUESTION FOR EXTERNAL APPRENTICESHIP

**At the attention of the President of the Degree Course in Medicine and Surgery of
the University of Trieste**

I, , student of the Degree Course in Medicine
and Surgery at the University of Trieste (Italy), attending the year, ask to
take part in an external apprenticeship

(where)..... ,

from to.....,

under the supervision of Professor/Dr. Tutor.....

who takes on responsibility in relation to his / her own company, which he will
inform, and declares that he / she will only perform the authorized activities.

Data

Signature of the student

.....

.....

Visto, si approva

*Il Coordinatore del Corso di Laurea
in Medicina e Chirurgia
Università degli Studi di Trieste*

Prof. Renzo Carretta

