**DECLARATION OF COMPLETION OF INTERNAL INTERNSHIP ACTIVITIES**

**BIOMEDICAL SCIENCES**

**The undersigned\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **University tutor for the internship of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID \_\_\_\_**\_\_\_\_\_\_\_\_\_
**declares that the student has completed his curricular internship, earning the credits required by the Course of Study Regulations.**

☐ **I ATTACH THE FINAL REPORT FORM** (FOR EXTERNAL INTERNSHIPS)

**OR**

☐ **I SUBMIT A BRIEF REPORT ON THE ACTIVITIES CARRIED OUT** (FOR EXPERIMENTAL INTERNAL INTERNSHIPS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………………………………………………………………………………………………………… *(ADD ADDITIONAL LINES IF NECESSARY FOR THE REPORT)*

**OR**

☐ **THESIS TITLE** (FOR COMPILATORY THESES ONLY FOR THE BIOLOGICAL SCIENCES DEGREE COURSE)

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**University tutor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATA PROCESSING**
I consent to the processing of my personal data pursuant to Legislative Decree 196/2003, "Code on the Protection of Personal Data."