**To the Council of the Master's Degree Course in Neuroscience**

**YOUR HEADQUARTERS**

**Application for Internship Validation**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Prov. \_\_\_\_\_\_) on \_\_/\_\_/\_\_\_\_, residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Prov. \_\_\_\_\_\_) zip code \_\_\_\_\_\_\_\_\_\_\_\_\_, street/square \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_, Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled in the academic year \_\_\_\_/\_\_\_\_ to the \_\_\_ year of the **Master's Degree in Neuroscience,**

**ASKS**

the recognition of \_\_\_\_\_\_\_ (number) CFU equal to hours \_\_\_\_\_\_\_ of the curricular internship started in date \_\_/\_\_/\_\_\_\_ and ended on \_\_/\_\_/\_\_\_\_ at (company/facility name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located in (full address of the host facility) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

To that end, it attaches:

Internship register;

Final report on the activities carried out.

Declares that he/she has completed the AlmaLaurea **online assessment**.

He also declares that he is aware of the penalties provided for false declarations pursuant to art. 76 of D.P.R. n. 445 of 28/12/2000.

Palermo, \_\_/\_\_/\_\_\_\_ Student's signature

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