

UNIVERSITY OF PAVIA DEPARTMENT OF ECONOMMICS AND MANAGEMENT

By the Do	uble Degree office
Date of delivery _	

REQUEST FORM FOR CO-SUPERVISOR ASSIGNEMENT TO DELIVER TO THE DOUBLE DEGREE OFFICE OF THE DEPARTMENT

DECDEE	THESIS DEL	TENCE DEC	INNINC ON	
		DINL D. DOLL		

MATR.	SURNAME	NAME	Master degree	TITLE OF THE THESIS (Please complete using block capitals)	SUPERVISOR	ITALIAN CO-SUPERVISOR	*FOREIGN SUPERVISOR
							*FOREIGN SUPERVISOR EMAIL

Student information contact

E-mail	Tel.	Signature
		Hand writing signature



The undersigned agrees to behave with dignity and respect during and after the thesis
defence proclamation and makes sure this will apply, also to family and friends
Signature



Notes:	

NB. The form must be delivered at least 60 days* before the graduation session to Mr. Federico Franceschini (Double Degree office - Via S. Felice, 5 ground floor, room 49) from Monday to Friday from 9 am to 12 noon.



UNIVERSITÀ DEGLI STUDI DI PAVIA

DIPARTIMENTO DI SCIENZE ECONOMICHE E AZIENDALI DEPARTMENT OF ECONOMICS AND MANAGEMENT

STATEMENT

of originality and authenticity of the degree thesis

The undersigned					
matr. n	_aware of art. I, law 475, e	established on 19 A	oril1925, which	persecutes	those
who "in exams or con	tests- required by authoriti	es or public admin	istrations in	order to	confe
degrees or any other a	academic title, give licence	e far any type of p	professions, re	lease diplon	nas o
licences - provide disse	ertations, publications, stud	dies, technical proje	ects and, more	e in general,	, work
which has been dane b	y other people as if they w	<i>ere his/her own</i> " he	reby declares,	under his/he	er own
responsibility, that his/he	er degree thesis has been	completed persona	ally and that w	hat is not	part of
his/her own personal t	hinking has bee n prope	rly indicated throug	h footnotes a	nd bibliogra	phica
references at the end of	the degree thesis.				
Pavia, li		In good faith,	Hand writing s	signature	
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