

For the kind attention of Professor Orazio Schillaci, dean of the Faculty of Medicina e Chirurgia and of Professor Stefano Marini, President of the Single Cycle Master Degree in Medicine and Surgery of the Faculty of Medicina e Chirurgia in the University of Rome "Tor Vergata".

SUBJECT MATTER: Academic Year 2017/2018 selections for the assignment of n°27scholarships amounting to 500,00€ for providing 30 hours of didactic support to students regularly enrolled in the Single Cycle Master Degree in Medicine and Surgery. A scholarship will be assigned to each subject in which the student will provide didactic support.

The undersigned _____ born in _____ (_____)

on ___/___/___ resident in _____ (_____) road _____

n. __. Postcode _____

tax code _____ Telephone/Mobile _____

e-mail address _____ registered (year) ____/____

enrolled in 2017/2018 at the ____ year of the degree course in **Medicine and Surgery**

Registration number _____

IBAN Code _____

REQUESTS

To be able to participate in the selection for the assignment of the above mentioned awards for the following subjects (indicate max, n.1 course/module).

CHEMISTRY & INTRO BIOCHEMISTRY
PHYSICS & STATISTICS
BIOLOGY & GENETICS
HISTOLOGY & EMBRYOLOGY
HUMAN ANATOMY I
HUMAN ANATOMY II
IMMUNOLOGY & IMMUNOPATHOLOGY
BIOCHEMISTRY
MICROBIOLOGY
PHYSIOLOGY
GENERAL PATHOLOGY & PATHOPHYSIOLOGY I

PSYCHIATRY
GENERAL PATHOLOGY & PATHOPHYSIOLOGY II
LABORATORY MEDICINE
CLINICAL SYMPTOMATOLOGY
HUMAN SCIENCES
SYSTEMATIC PATHOLOGY I
PHARMACOLOGY I
PHARMACOLOGY II
ANATOMIC PATHOLOGY I
ANATOMIC PATHOLOGY II
SYSTEMATIC PATHOLOGY II
PUBLIC HEALTH
SYSTEMATIC PATHOLOGY III
NEUROLOGICAL SCIENCES
DISEASES OF THE MUSCULOSKELETAL SYSTEM
DIAGNOSTIC IMAGING & RADIOTHERAPY

DECLARES

- Does not have any undergoing disciplinary actions;
- Does not have had any past or present criminal convictions;

ARITHMETIC MEAN OF THE GRADES OBTAINED _____

EXAMS REGISTERED BEFORE 10/03/2018 N. _____ OF _____ YEAR

The undersigned encloses a certificate of all exams sustained.

The undersigned declares, under his/her own responsibility, that the above information is true. He/She also declares to be aware of the fact that the present application is subject to being inspected , by the responsible commission, in order to check out the veracity of its contents.

Roma, ___/___/___

Signature