



**Degree Course in Medicine and Surgery**

Academic Year \_\_\_\_\_

*Clinical Practice V (5<sup>th</sup> year) - 2<sup>nd</sup> semester*

**Student Name**

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**General Surgery**

Date						Valutazione finale a cura del Prof. G. Sica (voto, firma e timbro)
Hours						
Student Signature						
<b>Tutor Signature and Stamp</b>						

**Internal Medicine**

Date						Valutazione finale a cura del Prof. P. Sbraccia (voto, firma e timbro)
Hours						
Student Signature						
<b>Tutor Signature and Stamp</b>						

**Obstetrics and Gynaecology**

Date						Valutazione finale a cura della Prof.ssa C. Exacoustos/ Prof.ssa A. Pietropoli (voto, firma e timbro)
Hours						
Student Signature						
<b>Tutor Signature and Stamp</b>						

Student Name						
Paediatric Sciences						
Date						Valutazione finale a cura del Prof. P. Rossi (voto, firma e timbro)
Hours						
Student Signature						
<b>Tutor Signature and Stamp</b>						

**EVALUATION MARKS:**

<b>NS</b> Not sufficient	<b>S</b> Sufficient [18 - 23]	<b>F</b> Sufficient [24 - 26]	<b>G</b> Good [27 - 29]	<b>E</b> Excellent [30]	<b>L</b> Excellent cum laude [30L]
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