



TOR VERGATA
UNIVERSITÀ DEGLI STUDI DI ROMA



**International
Medical
School**

VOLUNTARY INTERNSHIP FORM FOR GRADUATION EXTRA POINTS (max 600 hrs)

A.Y. : 20__/20__

Student: _____

Number _____

Ward _____

Prof./Dr _____

<u>DURATION (from ... to...)</u>	<u>HOURS</u>	<u>SUPERVISOR's SIGNATURE and STAMP</u>

Student signature
