

**Degree Course in Medicine and Surgery**

Academic Year _____

*Clinical Practice V (5th year) - 1st semester***Student Name****Diagnostic Imaging and Radiotherapy- 1 CFU**

Date						Valutazione finale a cura del Prof. G. Manenti (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Musculoskeletal System Diseases - 1 CFU

Date						Valutazione finale a cura del Prof. De Maio (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Neurological Sciences - 1 CFU

Date						Valutazione finale a cura de Prof. Centonze/ Prof.ssa Marfia (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Student Name						
Psychiatry- 1 CFU						
Date						Valutazione finale a cura del Prof.Di Lorenzo (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

EVALUATION MARKS:

NS Not sufficient	S Sufficient [18 - 23]	F Fair [24 - 26]	G Good [27 - 29]	E Excellent [30]	L [30 lode]
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