

Università di Pisa DIPARTIMENTO DI INFORMATICA

APPLICATION FOR GRADUATION EXAM MASTER DEGREE IN COMPUTER SCIENCE AND NETWORKING

MASTER DEGREE	E IN COMPOTER SC	TENCE AND NETWORKING	G
DATE OF GRADUATION EXAM	м		
Name:	Surname :		
Registration number:	e-mail address:		
Current address and, possibly, p	ost-graduation address:		
Phone number	Mob	ile	
Date of application:			
MASTER THESIS		(presentation time: 20 n	ninutes)
Title:			
Abstract:			
Supervisor 1:			
Supervisor 1:		Signature	
Supervisor 2:		Cianatura	
		Signature	
Date	Signature		-
RESERVI	ED TO MASTER PROGRAM	M SECRETARY OFFICE	
Referee:			
Date of graduation exam:		Mark:	/110