



**Consiglio d'Area Didattica di Ingegneria Informatica**  
**AUTHORIZATION FOR MASTER THESIS ABROAD**

Select:

master.....

thesis extension (already started)

Host Institution:

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Student:

Full name:	<input type="text"/>
Place of Birth:	<input type="text"/>
Date of Birth	<input type="text"/>
E-mail	<input type="text"/>
Fiscal Code	<input type="text"/>
<i>I hereby declare that I am aware of administrative, civil and legal consequences related to false statements (D.P.R. 445/2000).</i>	
Date _____	Student Signature _____

University Supervisor:

Full name	<input type="text"/>
Place of Birth:	<input type="text"/>
SSD (SDS)	<input type="text"/>
Course	<input type="text"/>
Date _____	Supervisor Signature _____

Host Institution:

Name and full adress	<input type="text"/>		
Estimated duration	<input type="text"/>		
Working period: From	<input type="text"/>	To	<input type="text"/>
Full Name host-institution Supervisor	<input type="text"/>		
Phone _____	Fax _____	E-mail _____	
Date _____	Signature of the host-institution Supervisor _____		

Stamp of the University administrative office	Space reserved to the university administrative office
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1. The authorization guarantees the insurance coverage to the student:  
Accident Insurance n. 002106.31.300045. **Company:** Cattolica **Period:** 30.06.2013-30.06.2016  
Personal Liability n. 0472.510706837 **Company:** Fondiaria Sai **Period:** 30.06.2013-30.06.2016

2. If it is necessary to extend the working period, it is mandatory to compile another authorization.