

Degree Course in Medicine and Surgery in English Language

To the President of the Degree Course
in Medicine and Surgery in English Language

Request for participation in the Practical Evaluation Training (TPV)

The undersigned _____
(first name) (last name)
University freshman A90/_____ date of birth _____ address _____
_____ City _____ State _____ Zip Code _____
email _____ phone _____ enrolled
in the academic year _____ in the _____ year of Degree Course or in the _____ out
of Course year,

REQUESTS

to participate in the following TPV:

I SESSION booking: within November 15th	II SESSION booking: within February 15th	III SESSION booking: within May 15th
Medical Area	Medical Area	Medical Area
Surgical Area	Surgical Area	Surgical Area
General Medicine Area	General Medicine Area	General Medicine Area

provided for by art. 3 of the Ministerial Decree of 9 May 2018, n. 58 (GU No. 126 of 1-6-2018), and implemented by the Didactic Regulations and Regulations of the Master's Degree Course in Medicine and Surgery, for the purpose of obtaining the Enabling Degree.

Aware that, pursuant to Art. 76 of Presidential Decree 445 of 28-12-2000, false or mendacious declarations, false documents, the use of false documents, are punished under the criminal code and special laws on the subject,

DECLARES

to have passed all the fundamental exams of the first, second, third and fourth year of the Study Plan of the Degree in Medicine and Surgery in English.

Attached to the request:

- list of exams taken
- identification document

Date _____

Signature _____

The request form must be sent by e-mail **to: medicineandsurgery@unicampania.it**
Object: TPV booking