THESIS ASSIGNMENT
MASTER OF SCIENCE IN COMPUTER SCIENCE

Last and First name (Student): ________________________________
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Local Address: _____________________________________________
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Enrolled in First ________ Second ______ Year of the degree program

Last and First name (Professor assigning the thesis): ______________
Professor’s signature _______________________________________
Thesis subject _______________________________________________
(or tentative title):
________________________________________________________
________________________________________________________
________________________________________________________

Co-advisor (if any)
Last and First name _________________________________________
Position ___________________________________________________

Student’s signature __________________________________________ Date
__________________________________________________________

All the submitted work for the thesis will undergo scrutiny using the control software “Compilatio”, to verify the originality of the submission, mandatory evaluation process to be granted the degree.

I hereby authorize the use by third parties of the thesis and acknowledge having read the announcement above.

Student’s signature __________________________________________ Date
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