



eCAMPUS UNIVERSITY

To the Magnificent Rector
of eCampus Telematic University

SUBMISSION OF THE TITLE OF THE MASTER'S DISSERTATION

The undersigned (surname) _____ (name) _____
Matriculation number _____ born at _____ (Country _____)
on _____, address _____
Postal code _____ City/town _____ (province/Country _____)
Tel _____ cell number _____ email _____
Enrolled in the Academic Year 20__ /20__
To the Master's Degree in _____

REQUESTS

The approval of the following title for his/her Master's Degree Dissertation:

Which shall be developed under the guidance of Professor: _____

(attach the e-mail with the Professor's approval)

Area of expertise (teaching): _____

N.B: The submission of the Title of the Master's Dissertation form shall be delivered at least three months prior to the date of the discussion of the final dissertation, pursuant to the deadlines provided in the calendar.

Novedrate, Date _____

SIGNATURE OF THE STUDENT
