



Università
degli Studi
della Campania
Luigi Vanvitelli

Degree Course in Medicine and Surgery in English

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

Subject: Request for participation in the Practical Evaluation Training (TPV) in Medicine, Surgery and Basic Medicine, for the acquisition of the qualifying degree in Medicine and Surgery.

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 TPV of:

- Medical Area**
- Surgical Area**
- Basic 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.

DATA _____

Signature _____

ATTACH, to the present request:

- **list of exams taken**
- **copy of the identification document**

The application form must be sent to medicineandsurgery@unicampania.it