



Università degli Studi "G. d'Annunzio"
CHIETI – PESCARA

THESIS ASSIGNMENT REQUEST FORM

The undersigned _____
enrolled in the Master's Degree in Psychology of well-being and performance, student ID number _____
e-mail _____ telephone _____

REQUESTS

to the Professor _____
the assignment of the thesis for the session _____ Academic Year ____/____
with the following subject: _____
pertaining to the course: _____
Thesis type EMPIRICAL REVIEW
Co-supervisor: _____

MANDATORY declares to have acknowledged the University's privacy policy regarding personal data processing under EU Regulation 679/2016 (GDPR) available at the link <https://www.unich.it/privacy>

Place and date _____ Signature _____

The Supervisor

The Co-supervisor
