



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF  
HEALTH SCIENCES

**Election of student representatives to the Joint Teachers-  
Students Committee of the School of Medicine**

**Annex 1**

**JOINT TEACHERS – STUDENTS COMMITTEE OF THE SCHOOL OF MEDICINE**

**SUBMISSION OF APPLICATION**

I, the undersigned \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Resident in \_\_\_\_\_

Address \_\_\_\_\_

**PRESENTS**

the application for the Joint Teachers- Students Committee of the School of Medicine representing the Degree/Master Degree in \_\_\_\_\_ related to the Department of Health Sciences.

A photocopy of valid ID is attached.

Candidate's signature