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"Gustavo Sclocchi" Theses Awards 2019
Contest Application Form

Thesis:

University and Department	
Thesis Title	
Degree (select the appropriate one)	○ **2nd level master [master II livello]** ○ **Bachelor of Science [Laurea Triennale-I livello]** ○ **Master of Science [Laurea magistrale]** ○ **Ph. D. [Dottorato di ricerca]**

Author information:

Name	
e-mail	
tel. 1 (home or work)	
tel. 2 (mobile)*	
Mail address*	

* Not mandatory

Head of Department:

Name	
e-mail	
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Mail address	

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e-mail	
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University mail address	

Advisor(s)*:

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e-mail	
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Work mail address	

* If applicable