



CA' FOSCARI UNIVERSITY OF VENICE
Department of Environmental Sciences,
Informatics and Statistics

Master's Degree Course in
CONSERVATION SCIENCE AND TECHNOLOGY FOR CULTURAL HERITAGE
(LM-11 - Conservation Science for the Cultural Heritage)

ON-CAMPUS TRAINING ACTIVITY COMPLETION FORM

To the Scientific Campus Secretariat

The undersigned, in the role of tutor, certifies
that under their supervision, the student:

(Surname, Name) student ID no.:

has completed their on-campus training activity at

Activity period:

from to Total hours:

Overall assessment (sufficient, fair, good, excellent):

Brief description of the activity's content:

Therefore, I recognize the student credits.

Tutor's signature

Student's signature

Date

Note: The form must be sent, at the end of the activity period, to the e-mail address campus.scientifico@unive.it.

Information on personal data processing

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