**ATTENDANCE CERTIFICATION FORM**

**INDIVIDUAL ELECTIVE TEACHING ACTIVITIES**

**Attendance at Care Departments or Research Laboratories**

I, the undersigned, Dr./Prof.       certify that the Student      , Student ID number      , enrolled in the       year of the Master's Degree in Medicine and Surgery, attended the Department/Laboratory of      , at the Unit/Department of      , from       to      , for a total of       hours, under my supervision.

The attainment of the educational objectives was assessed through      , and the student has achieved a satisfactory outcome.

Tutor's signature and stamp

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*Catania,* ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_