



**UNIVERSITÀ
DEGLI STUDI
DI PADOVA**

DEPARTMENT OF MATHEMATICS “TULLIO LEVI-CIVITA”

(optional: Supervisor Department, if different from the Math Dept.)

Master Degree in Mathematics

Title of the thesis

optional second line of the title

Master Candidate:

First Name Last Name

Student ID: XXXXXXXX

Supervisor:

Prof. First Name Last Name

Co-supervisor (optional):

Prof. First Name Last Name

Academic Year 202X/202X

Graduation date dd/mm/yyyy