**CODICE IRCCRO\_*XXXXX***

**“*TITOLO EVENTO*”**

**RELAZIONE FINALE**

*(descrivere brevemente gli obiettivi raggiunti, tipologia della Verifica finale, criterio di superamento della verifica)*

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**Si allega la Verifica finale di acquisizione delle competenze.**

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| **Responsabile Scientifico** *Firma*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Responsabile CAF****Dott.ssa B. Canal**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |