**THE MAGNIFICENT RECTOR UNIVERSITY OF SALENTO**

**amministrazione.centrale@cert-unile.it**

 The undersigned

**Surname**

**NAME**

**TAX CODE**

**PLACE OF BIRTH**

**PROVINCE COUNTRY**

**DATE OF BIRTH / / SEX M F**

**RESIDENCE:**

 **ADDRESS**

 **LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSE NUMBER**

 **PROVINCE \_\_\_\_\_\_**

 **Postcode COUNTRY**

**PHONE**  **CELL.**

authorized by the Board of Teachers to go to the following University or Research Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to carry out training / research activities for the period from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEREBY REQUESTS**

*(choose between the two options according to whether you wish to request a total payment at the end of the period of stay (option A) or a monthly payment (option B).*

 **A) the overall increase in the scholarship** for the entire period already carried out from \_

to .

The undersigned declares, for this purpose, that he or she has been at the aforementioned University or Research Institute from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ and attaches the declaration from the host structure certifying the period of stay and the research activity carried out.

 **B) the monthly increase of the scholarship** for the month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and in particular from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, enclose herein the declaration on the body's letterhead, signed by the tutor/administrative officer of the host structure, certifying that the research activity was carried out during the period for which the increase is requested.

The undersigned undertakes to promptly notify of any change in the training/research period abroad.

, \_ \_ \_ \_

(location) (date) (doctoral student's signature)

The undersigned declares that he / she is aware that the collection and processing of personal data will be carried out in compliance with national and EU laws as well as the principles of correctness and protection of confidentiality and exclusively for purposes related to the full implementation of the administrative relationship with the University.

The doctoral student

Signature

**All. 2)**

To be printed on letterhead paper

**DOCTORAL FELLOWSHIP**

*50% increase*

### Certificate of attendance

|  |  |  |
| --- | --- | --- |
|  | SURNAME  | FIRST NAME/S |
| e-mail, if available |  |

has followed research in this Institution as a PhD (Doctorate) Student

|  |  |  |
| --- | --- | --- |
| From |  | To |
|       |  |       |

Today, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **date**

Stamp

Tutor's Full Signature/Title

|  |
| --- |
| **Instructions for the Tutor**To allow the payment of the scholarship, please:1. **Copy and paste** this certificate on letterhead paper
2. **Complete** the form, print it and sign fully (one form for each period of attendance)
3. **Send to**: Università del Salento, Ufficio Master e Dottorati, Centro Congressi Ecotekne by e-mail to master.dottorati@unisalento.it

Thanks for your cooperation. For further information master.dottorati@unisalento.it**;** anna.micolano@unisalento.it**;** **roberta.buttazzo@unisalento.it** |