**REQUEST FORM FOR AUTHORIZATION FOR A VISIT ABROAD**

**This request, filled in in all its parts, must be sent to the Academic Board.**

**SURNAME**

**NAME**

**TAX CODE**

**PLACE OF BIRTH**

**PROVINCE COUNTRY**

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

**RESIDENCE:**

 **ADDRESS**

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

**HOUSE NUMBER**

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

 **POST CODE COUNTRY**

 **PHONE**  **CELL.**

**HEREBY ASKS**

**for authorisation to** go to the following University or Research Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to carry out training/research activities related to the thesis work for the period from

to \_ \_

Date

The doctoral student

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