**AUTHORISATION REQUEST FORM**

 This request, completed in all its parts, must be sent to the Academic Board

**To the Academic Board for the PhD in**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.**

enrolled in the \_\_\_\_ year of the PhD in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cycle \_\_\_\_\_\_\_\_\_

**HEREBY ASKS**

pursuant to art. 21 of the Regulations for PhD Courses, approved by D.R. no. 62/2018, for **the authorisation to carry out** activities at …………………………………………………………………………………

Please find attached the following documentation.

Date The declarant

 Signature