

Form to be filled by the Coordinator of the Ph.D course on the letterhead of the Department

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Place and date

To the Ph.D Doctoral School
Università degli studi "G d'Annunzio"
Via dei Vestini, 31
66013 Chieti Scalo - ITALY

The undersigned, Prof. surname _____ name _____
_____, Coordinator of the Doctoral Programme in _____
_____ cycle _____, upon approval of the Doctoral Committee held
... ..(date)

Authorizes,

the Ph.D student....., currently enrolled to the year, Cycle of the
above mentioned Ph.D course, to spend a period abroad bound to her/his research programme, from
..... to in the University/Research Centre of
....., under the supervision of Dr./Prof.
.....

Place, _____
(date)

(signature)

Place and date

To the Ph.D. Doctoral School
Università degli studi "G d'Annunzio"
Via dei Vestini, 31
66013 Chieti Scalo - ITALY

Object: *Request of 50% increasing scholarship for staying abroad (not less than 30 consecutive days and for a maximum of 18 months for the whole period).

The undersigned, (surname and name) _____, born in _____ institutional email _____ enrolled to the year of the Ph.D. course in _____, with scholarship

ASKS

according to art. 9 c. 3 D.M. 226/2021 and the Doctoral Regulations at the University "G. d'Annunzio" of Chieti-Pescara, the increasing of 50% of the scholarship for staying abroad at the University / Research Centre in under the supervision of Dr. / Prof. from to

- at this regard declares to have benefited from the increase for the academic year
- at this regard declares not to have benefited before from the increase.

The undersigned attaches the declaration of the Coordinator authorized by the Doctoral Committee to spend the mentioned period abroad and obliges herself/himself to:

- anticipate the following certifications of participation by email, then the original copy by ordinary mail, printed upon the headed letter of the hosting University/Research Centre signed by the supervisor :
 - starting with the beginning date of the research activity;
 - each quarter, only for period exceeding three months;
 - final with the entire period of research activities.

Every change in the period different from the authorization must be promptly communicated to the Coordinator and to the School.

Ph.D student signature

FAC-SIMILE CERTIFICATE OF PARTICIPATION*

(printed upon the corporate paper of the hosting University/Institution)*

To "G. D'Annunzio" University

Ph.D Doctoral School

Via dei Vestini, 31

66013 Chieti (ITALY)

I hereby certify that Mr/Mrs (surname) _____ (name) _____
_____, as a doctoral student at the "G. D'Annunzio"
University Chieti-Pescara – ITALY

(CHOOSE AMONG THE FOLLOWING PHRASES AND QUOTE ONLY THE PERIOD TO BE CERTIFIED):

- (at the beginning) is taking part in research activities in this University/Institution starting from _____
- (every three months for period beyond three months) has been taking part in research activities in this University / Research Centre from _____
- (for the final period) has taken part in research activities in this University/Institution from _____ to _____.

Tutor's name and title _____

signature _____.

Date _____

* The original copy must to be sent via PEC at: ateneo@pec.unich.it anticipated by email at scuolasuperiore@unich.it