

**RESEARCH PERIOD IN ANOTHER INSTITUTION
TO BE SUBMITTED UPON RETURN**

This form must be filled in, signed and sent to dottorati@amm.units.it within 30 days of the return date.

If you complete it by hand, please write legibly in block capitals.

Università degli Studi di Trieste - Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca
P.le Europa, 1 - 34127 – TRIESTE - dottorati@amm.units.it

I, the undersigned member of the Academic Board of the Doctoral course

Surname

Name

As (*) **Supervisor** **Co-Supervisor**

STATE THAT THE PHD STUDENT

Surname

Name

holding a scholarship

not holding a scholarship

regularly enrolled in the Doctoral course in

cycle

has performed the agreed research in the framework of their PhD activity, in accordance with the decisions of the Academic Board,

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| from | | | to | | | at | | |
| day | month | year | day | month | year | day | month | year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| day | month | year | day | month | year | day | month | year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Italian institution

foreign institution

name of Institution

location (town and country)

as shown in the attached letter issued by the hosting Institution on headed paper, including the exact dates of the stay.

NOTE:

- if the form to be submitted back from your visit and the letter from the hosting Institution are missing, the research period will not be registered in the student career and the scholarship increase will not be granted.

I ALSO STATE THAT THE PHD STUDENT

is entitled

is not entitled

to obtain a 50% increase of the scholarship (only holders of a scholarship are entitled, provided that the period of stay **abroad** is uninterrupted and longer than thirty days)

COMMENTS (if any)

Place

| | | |
|----------------------|----------------------|----------------------|
| day | month | year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

day

month

year

HANDWRITTEN SIGNATURE OF THE SUPERVISOR(*)
(copy-pasted signatures are not deemed valid)

(*) If the supervisor is not a member of the Academic Board, this form must be signed by the co-supervisor who shall be a member of the Board.

HANDWRITTEN SIGNATURE OF THE PHD STUDENT

- If the period of stay is uninterrupted and extended, multiple payments of the scholarship increase are possible (for a minimum of thirty days over a longer period). When submitting one single form, one single payment is made at the end of the whole stay abroad.
- This form must bear a date subsequent to the period of stay and to the date of the letter issued by the hosting institution.
- The date of the letter issued by the hosting institution must coincide with or be subsequent to the end date of the stay.
- The period of stay in the host Institution for first-year students cannot start before the actual start of the doctoral course.
- If the stay takes places after the mandatory attendance, the PhD student is not entitled to the scholarship. The stay cannot however exceed the date of the thesis submission.