

Catania,
Protocollo nr.

Al Collegio docenti dottorato
All' UDI Dipartimentale

E, p.c.

Alla coordinatrice
Al responsabile scientifico
Al Direttore del Dipartimento

Subject: Request for mobility authorization

The applicant

Name: _____ Surname: _____, Tax Code (CF): _____

E-mail: _____

Doctoral Cycle (Cycle Number and Year): _____;

Doctoral Tutor: _____

REQUESTS AUTHORIZATION FOR MOBILITY

Host Institution: _____

Address of the Institution: _____

City: _____ Country: _____

Start Date of the Period Abroad: _____

End Date of the Period Abroad: _____

Name of the Scientific Supervisor Abroad: _____

Purpose of the Period Abroad: _____

As indicated in the university's website section,
<https://www.unict.it/it/internazionale/outgoing-visiting-student>, the following
documents are attached:

- The invitation letter from the host institution.
- Activities proposal.
- International Internship Agreement.

It is also declared that the undersigned is aware that, once the authorization is obtained, they will proceed with filling out the appropriate online form, available at the aforementioned link.

The applicant