Bocconi

Form
AUTHORIZATION FOR PERIOD ABROAD
(first period or extension period)

*to be filled out BOTH BY **STUDENTS WITH AND WITHOUT FELLOWSHIP***
and sent to the PhD School Office (phdschooloffice@unibocconi.it)

Student ID n. [ ]

I, the undersigned: _____

enrolled in the PhD Program in _____

cycle[1] _____, year[2] _____

ASK FOR AUTHORIZATION FOR A PERIOD ABROAD

for _____ months

from (dd/mm/yyyy) _____ to (dd/mm/yyyy)
_____

Host University/Institution:
_____

_____

to carry out the following activity/ies
(please specify if study and/or research activities and give a description of such activity/ies):

_____

[1] *Eg. XXVI cycle, XXXVII cycle, ...*
[2] *Eg 2nd year, 3rd year, ..*

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_____

Milano, (dd/mm/yyyy) _____

_____
Student's signature

_____
Mentor signature or
Advisor's signature (if already assigned)

_____
Curriculum Coordinator's signature [3]

NB: The final authorization by the PhD Program Director will be given by the "PhD authorizations and funding request" IT tool

[3] *Only in case of PhD with curricula*