



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

All'Ufficio Dottorati di ricerca
dell'Università Cattolica del
Sacro Cuore
Largo Francesco Vito 1
00168 Roma

MODULO RICHIESTA
DOTTORANDO VISITING

___L___ the undersigned___

Surname, Name _____

Place and date of birth _____

il _____

Citizenship(s) _____

Residential
address _____

Postal code
and City of
residence _____

Phone _____

Cellular
Phone _____

e.mail _____

University where you are
currently enrolled _____

PhD program title and area of study:

Respectfully Requests

To participate in a period of research activity as a visiting PhD student.

In the department/institute/clinical ward of _____

Under the supervision and guidance of _____

From _____

To _____

Date: _____

Signature of the student

Approval of Acceptance from UCSC Representative

ATTACHMENTS TO FOLLOW :

- PROOF OF ENROLLMENT AND GOOD STANDING AT HOME INSTITUTION
- COPY OF HEALTH INSURANCE VALID IN AND FOR THE PERIOD OF STAY IN ITALY
- AUTHORIZATION FROM YOUR HOME INSTITUTION THAT THE PERIOD OF RESEARCH WILL BE RECOGNIZED AS A PART OF YOUR PhD STUDIES