



Allegato 2

**LETTER OF ACCEPTANCE
FOR STUDENT'S PhD RESEARCH**

The undersigned, (*name of authorized representative*)

.....

declares his/her intention to accept Mr/Ms (*name of the Phd student*)

.....

enrolled at Università degli Studi di Udine in the PhD course

.....

to spend a research and study period at the (*name of the host organization/institute/department/university*)

.....

from (*month/year*) to (*month/year*)

to (*brief description of the research, collect data, references, carry out lab experiments, etc.*):

.....

.....

.....

.....

.....

thanks to a scholarship initiative launched by Università degli Studi di Udine in AY 2024-2025 to enable PhD students conducting their researches abroad.

Thus, (*name of authorized representative*)

.....

approves the PhD research program previously agreed with the Student's Supervisor of the Università degli Studi di Udine.

Should Mr/Ms (*name of the Phd student*)

be granted the PhD research Scholarship, the Institute/Department will timely provide Mr/Ms (*name of the Phd student*)

with the supervision of Prof. (*name and surname of the tutor/supervisor*)

.....,

free access to the students' facilities, labs and libraries to enable him/her to carry out his/her PhD research program.

At the end of the research and study period, (*name of the host organization*)

.....





shall issue a certificate of stay.

The undersigned (*name of authorized representative*)

.....
acknowledges that Mr/Ms (*name of the Phd student*)

will be provided with a scholarship by Università degli Studi di Udine over his/her stay period
at the (*name of the host organization*)

The Phd student will be covered by the necessary civil liability coverage and coverage against
accidents by the Università degli Studi di Udine. Should national or local rules in the host
country require for further insurance coverage, Mr/Ms (*name of the Phd student*)

.....
shall personally abide by aforementioned rules as specified by (*name of the host
organization*).....

Date:

Name and Surname of the authorized representative:

.....

Signature of the authorized representative and stamp:
