



Annex 1

APPLICATION FORM FOR RESEARCH MOBILITY A.Y. 2024/2025

PHD CANDIDATES

ATTENTION: You must fill in the document in full, **sign it, have it signed by the supervising teacher and attach it to the online application in pdf format.**

PHD STUDENT DATA

SURNAME	
FIRST NAME	
STUDENT NUMBER	
PHD COURSE IN	
SUPERVISING LECTURER AT THE UNIVERSITY OF UDINE (indicate first name and surname)	
I DECLARE THAT I AM NOT BENEFITING FROM ANY OTHER MOBILITY GRANT PROVIDED BY THE UNIVERSITY OF UDINE FOR THE PERIOD OF RESEARCH ABROAD, EXCEPT FOR THE DOCTORAL GRANT BONUS FOR THE PERIOD ABROAD	

HOST BODY

NAME OF HOST ORGANISATION	
CITY AND COUNTRY	
MOBILITY PERIOD	n. months(indicate how many months from a minimum of 3)
	preferably from to.....



RESEARCH MOBILITY PROJECT

<p>BRIEF DESCRIPTION OF THE RESEARCH MOBILITY ACTIVITY AND OBJECTIVES ABROAD (e.g. methodologies used, expected results</p>	
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Pursuant to UE regulation 2016/679 and to Italian Legislative Decree 196/2003; the undersigned declares to have read the privacy policy understanding its contents and authorizes the Mobility and International Relations Office to use the personal data for the uses permitted by law.

Date

Student signature

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Signature of supervising teacher

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