Allegato 2

**LETTER OF ACCEPTANCE**

**FOR A MASTER STUDENT’S THESIS RESEARCH**

The undersigned, *(name of authorized representative)* ……………………………………………………………..

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

enrolled at Università degli Studi di Udine in the master degree course *(name of the master degree 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 master students to conduct their thesis researches abroad.

Thus, *(name of authorized representative)* ……………………………………………………………………………

approves the master thesis research program previously agreed with the Student’s Thesis Supervisor of the Università degli Studi di Udine.

Should Mr./Ms. *(name of the student)* ………………….………………………………………………………………

be granted the Master Thesis Scholarship, the Institute/Department will timely provide Mr./Ms. *(name of the student)* …………..………………………………………………………………………………………………………..

with the supervision of Prof./Dr. *(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 master thesis 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 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)* …………………………………*………………………………………………………………….*

He/she 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 further insurance coverage, Mr./Ms. *(name of the student)* ………………………………………………………………………………

shall personally abide by the 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:

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