

**Mobility abroad authorization request**  
(for periods lasting 20 days or longer)

The undersigned \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
registration nr \_\_\_\_\_ enrolled in the PhD Course in \_\_\_\_\_  
\_\_\_\_\_  
curriculum (only if the Phd course is articulated in curricula) \_\_\_\_\_  
\_\_\_\_\_, series \_\_\_\_\_  
phone/cell \_\_\_\_\_, e-mail \_\_\_\_\_  
with grant <sup>(1)</sup> BA, BD, BAD, BE, sponsored by <sup>2</sup> \_\_\_\_\_  
without grant; extra quota as CSC, Marie Curie, Foreign scholarship holders  
asks to be authorized to spend a research period abroad at <sup>3</sup> \_\_\_\_\_  
\_\_\_\_\_  
under the supervision of <sup>4</sup> \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
(place and date) (signature)

**(Approved by the home supervisor)**

Name and surname of  
the home supervisor \_\_\_\_\_  
Signature \_\_\_\_\_ date \_\_\_\_\_

**(Authorization)**

Signature of the PhD Course Coordinator for authorization (for periods up to 6 months spent abroad during the three years duration of the PhD program)

Name and surname of  
the Coordinator \_\_\_\_\_  
Signature \_\_\_\_\_ date \_\_\_\_\_

PhD Collegial Body authorization minute attached (necessary for any period abroad lasting more than 6 months or for any period, whichever the duration, after the first 6 months even if in separate periods)

Collegial Body: Academic Board Executive Board  
Date (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<sup>1</sup> select the type of grant (BA: University of Padua; BD: department of the University; BAD: cofunded by the University and the Department; BE: external sponsor)

<sup>2</sup> If BD or BE specify the name of the department or of the external institution sponsoring your grant.

<sup>3</sup> Specify the name of the University/Institution, the city and the Country abroad where the activities take place,

<sup>4</sup> Specify the name and surname of the supervisor at the external institution