UNIVERSITY or INSTITUTION OFFICIAL PAPER

Place and date (valid only from June 2017):………………………………………….

**TO WHOM IT MAY CONCERN:**

**Or**

**To Phd Director**

**Università Carlo Cattaneo LIUC**

**C.so Matteotti 22**

**20153 CASTELLANZA VA**

…………………………

…………………………

…………………………

Handwritten signature

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Academic or Institutional Title

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