To the RECTOR
Università Carlo Cattaneo - LIUC
Corso Giacomo Matteotti, 22
21053 Castellanza (VA)

ACCEPTANCE OF CONTRIBUTION FOR MOBILITY OF PhD STUDENTS

PhD programme _____
Year ____ Cycle _____

Il/the undersigned _____

Born in _____ Prov. of _____ on ___/___/_____,

resident in Via/Piazza _____N.____,

City _____ Prov._____, CAP_____, Tel _____/_____,

codice fiscale |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

DECLARE

to accept the contribution for the mobility relative to the PhD programme for the period from _____ to _____ (academic year 2017/2018).

Castellanza, _____ Signature _____

ATTACH COPY OF IDENTITY DOCUMENT