***trip Authorisation form***

***Research Doctorates: Request of Authorization for trips in Italy/Abroad and use of funds.***

**To the kind attention of:**

**AREA RICERCA – UFFICIO DOTTORATI (PH.D. OFFICE)**

**SERVIZIO PREVENZIONE E PROTEZIONE**

**(solo per i corsi afferenti alla Scuola di Dottorato in Scienze della Vita e della Salute**

**GRADUATE SCHOOL DIRECTOR**

**PH.D. PROGRAM COORDINATOR**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M  F

(Name and Surname) (sex)

Fiscal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled in the Graduate School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*)  first  second  third year of the PhD Program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-ordinator Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship  YES  NO (if not scholarship recipient please fill out and attach to the present request the *“Liquidation Table”* Form)

**HEREBY REQUESTS**

***the authorization for a trip in Italy/abroad and use of funds.***

***For PhD scholarship recipients but exclusively for trips abroad, the present request also includes the authorization for payment of the scholarship increase.***

(\*) cross out only the voice/s of interest

According to the *University of Verona PhD Regulations,* the authorization to carry out a trip in  Italy  abroad for a period lasting less than six months and precisely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (full name of institution/organization and place)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Trips lasting less than six months have to be authorized by the PhD Program Coordinator only)*

According to the *University of Verona PhD Regulations* the authorization to carry out a trip in  Italy  abroad for a period lasting longer than six months and precisely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (full name of institution/organization and place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Trips longer than six months have to be authorized by the Teaching Committee (Collegio Docenti)*

The extension of the trip in  Italy  abroad2 and precisely from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (full name of institution/organization and place) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Trips longer than six months have to be authorized by the Teaching Committee (Collegio Docenti)*

the authorization to use the following founds in order to be reimbursed, at the end of the mission, for the expenditures sustained during the permanence abroad/ in Italy in accordance with the documentation certifying the mission (Certificate of participation in conferences, certificate of stay abroad, brochure etc.) that will be handed in upon return, long with 1) all the original documents justifying he payments (receipts, proofs of purchase) of which the student demands the reimbursement 2) Liquidation Table:

(\*) cross out only the voice of interest

Project “……………………..” funds make available by the Graduate School (Please, contact the Secretary of your Graduate School to verify the availability)

Project “……………………..” funds make available by the PhD Program (Please, contact the Secretary of your Graduate School to verify the availability)

Project “……………………..” related to the budget of 10% equal to Euro 1.491,71 (Academic Year 2017/2018) for PhD students attending the 2nd and 3rd year.

The undersigned acknowledges that Legislative Decree n° 196 of 30/06/03 provides for protection of the privacy of physical and juridical persons and treatment of private information. According to the indicated Legislative Decree, said treatment will be performed according to the principles of correctness, legality and transparency, to protect your confidentiality and rights. In accordance with Article 13 of the aforementioned Decree, please be informed that the treatment to be implemented:

1. will be for the purpose of permitting liquidation, ordering and payment in your favour of remuneration due and the application of the fulfilments foreseen by laws in force;
2. will be performed prevalently through information technology means;
3. the information in the possession of the University will be supplied to other public institutions for the performance of their respective institutional functions, within the limits established by the law.

**AND HEREBY AGREES**

1. to communicate any variations in the above indicated information to the University in a timely manner and to hold the University exempt from any responsibility in this connection;
2. to submit, at the end of the trip, the originals of the receipts related to the expenses sustained (travel tickets, accommodation expenses) according to the *“Official Information regarding PhD Trips”*

Verona \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor (if required)

Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For authorization:**

for the trip in Italy/abroad: the Coordinator …………………………………………/ Deliberation of the Teaching Committee of ………