

# PHD SCHOLARSHIP INCREASE REQUEST FOR PERIOD ABROAD

To the Prof. \_\_\_\_\_,

Coordinator of PhD Course

\_\_\_\_\_  
c.c. PhD Office  
Via Università, 4 - 41121 Modena

I the undersigned, \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_ and resident in \_\_\_\_\_  
\_\_\_\_\_(full address) ,  
enrolled in the \_\_\_\_ year of the PhD Course in \_\_\_\_\_  
- (\_\_\_\_cycle)

## REQUEST

pursuant to art. 5 comma 1, lett. g, the increase of the grant owned to the extent of 50% and the  
authorization to spend some time of attendance abroad at \_\_\_\_\_  
\_\_\_\_\_  
from (dd/mm/yyyy) \_\_\_\_\_  
to (dd/mm/yyyy) \_\_\_\_\_,  
to further research under the guidance of Prof. \_\_\_\_\_.

Date and place, \_\_\_\_\_

\_\_\_\_\_  
Signature

## (Authorization of the PhD Course Coordinator)

First Name and Surname of the Coordinator \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the PhD Course  
Coordinator for authorization