PEGASO
Università Telematica
D.M. 20 04 2006 G.U. n° 118 del 23 05 2006

To the Coordinator of the PhD Program in
_____
Pegaso Telematic University

SUBJECT: Request for authorization to carry out a doctoral research period in a company.

I, the undersigned _____, enrolled in the ___ year of the _____ cycle of the PhD Program in _____, administratively based at Pegaso Telematic University,

REQUEST

to be able to carry out from_____ to _____in the following mode:

- ☐ in person at the company;
- ☐ remotely (remote study/research)[1];

at the following host company (please specify)

_____

Company Tutor/Contact Person _____

To this end, the undersigned attaches:

- ☐ Letter of availability from the host company (Attachment 1_B)

COMMITS TO

- promptly communicate any interruptions or changes to the approved period by sending an email to: ufficio.dottorati@unipegaso.it;
- submit, at the end of the period, a short report describing the mobility experience and the scientific research activities carried out, co-signed by the host company contact person and countersigned by the Academic Tutor.

_____, on _____ _____

((Signature of the PhD student))

[1] This option is reserved only for PhD students with a PNRR scholarship who are beneficiaries of Law 104/1992, and may activate this arrangement subject to a favorable opinion from ANVUR.

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Declaration pursuant to Articles 46 and 47 of Presidential Decree No. 445/2000 on administrative documentation

I, the undersigned _____, born in _____ on _____, residing in _____ at _____, Tax Code _____, in my capacity as PhD student in the program in _____,

aware of the criminal consequences of false declarations, falsification of documents, or use of false documents pursuant to Article 76 of Presidential Decree No. 445/2000

DECLARE UNDER MY OWN RESPONSIBILITY

Pursuant to Articles 46 and 47 of Presidential Decree No. 445/2000 and to the best of my knowledge at the date of this declaration

- ☐ to the best of my knowledge, I have no marital, family, or kinship ties up to the second degree with managers and/or employees involved in processing this request at the host company/entity;
- ☐ I have no economic and/or collaborative relationships with the host company/entity;
- ☐ I have no legal relationship with the host company/entity.

I further commit to promptly communicate, and in any case within 30 days of the change, any modifications to the contents of this declaration and, if necessary, to submit a new declaration replacing the previous one.

Date and place _____

Signature _____

A copy of a valid identity document is attached.

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ENDORSEMENT FOR SCIENTIFIC AUTHORIZATION

The Tutor

Prof._____

*****

I, the undersigned Prof. _____, Coordinator of the PhD Program in _____, hereby declare that the Academic Board approves the request..

_____, on _____

PhD Program Coordinator

Prof. _____

*****

ENDORSEMENT FOR AUTHORIZATION BY THE DEPARTMENT DIRECTOR

The Director

Prof._____