

WORKING/RESEARCH AGREEMENT

Personal details

ACADEMIC YEAR 20__/20__

Study period ____ months From _____ to _____

Name of student/researcher: _____

Date of birth _____ e-mail address _____

Home University/Insitution _____ Country _____

Academic supervisor at the home institution _____

Research proposal

UNISI Department _____

Academic supervisor _____ Field of Study _____

Insurance

If the home University doesn't cover the researcher with accident and third party liability insurance during his/her stay at the University of Siena, researchers must purchase the UNISI insurance or another kind of private insurance. Detailed information is available at the following webpage: <http://www.unisi.it/ateneo/lavorare-unisi/assicurazioni-ed-infortuni> ("frequentatori esterni autorizzati").

Research funding

The research period of Dr. _____ at the Department
_____ will be covered by the following financial
support (*please write the amount of the financial support and the name of the Institution awarding it*)

Grantee's Signature:	Date:
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<u>HOME INSTITUTION</u>	<u>HOST INSTITUTION</u>
We confirm that the proposed working/research plan is approved <i>Name and position of the contact person at the Home Institution (official stamp and signature)</i>	We confirm that the proposed working/research plan is approved <i>Name and position of the contact person at the Host Institution (official stamp and signature)</i>
.....
<i>Place and date.....</i>	<i>Place and date.....</i>