



UNIVERSITÀ DI SIENA 1240

VISITING RESEARCHER / PROFESSOR APPROVAL FORM

Researcher's Personal details

Name _____ Surname _____

Date of birth _____ E-mail _____

Country of citizenship _____ Country of residence _____

Home university/institution _____

Academic supervisor/contact at the home institution _____

Research/Work proposal

Proposed period for the visit: from _____ to _____

UNISI host department/centre _____

UNISI academic supervisor/contact _____

Field of Study _____

Description of proposed activity during visit

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Insurance

If the home University doesn't cover the researcher/professor with accident and third part 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: <https://www.unisi.it/ateneo/lavorare-unisi/servizi-di-economato/assicurazioni> ("frequentatori esterni autorizzati").

Research funding

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

Visitor's signature

Place and date: _____ Signature _____

Home University/Institution

We confirm that the proposed working/research plan is approved

Name and position of the contact person at the Home Institution (official stamp and signature)

Signature _____ Place and date _____

UNISI Department/Centre

We confirm that the proposed working/research plan is approved

Name and position of the contact person at the University of Siena

Signature _____ Place and date _____

Department's Director approval

Signature and stamp _____