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


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 ___________________________