

VISITING RESEARCHER / PROFESSOR APPROVAL FORM

Researcher's Personal details

Name	Surname
	E-mail
Country of citizenzhip	Country of residence
Home university/institution	
Academic supervisor/contact at	the home institution
Research/Work proposal	
Proposed period for the visit: from	mto
	act
,	
Description of proposed activity of	during visit
Insurance	
Visiting professors/researchers m	nust hold a valid insurance against accident and third party liability
for the whole duration of their st	ay at the University of Siena.
The Home institution will provide	e an accident insurance to the professor/researcher?
Yes □ No □	
The Home institution will provide	e liability insurance to the professor/researcher?
Yes □ No □	

If the home institution provides the researcher with an accident and third party liability, professors/researchers must send a copy of the insurance to the hosting department.

If the home University doesn't cover the researcher/professor with accident and third party liability insurance, they must purchase the UNISI insurance

(https://www.unisi.it/ateneo/lavorare-unisi/servizi-di-economato/assicurazioni ("frequentatori esterni autorizzati") or another kind of private insurance.

Research funding

The research period of .	at the Department of
	will be covered by the following financial support
, , , , , , , , , , , , , , , , , , , ,	port and the name of the Institution awarding it)
Visitor's signature	
Place and date:	_Signature
Home University/Institution	
We confirm that the proposed working/rese	
Name and position of the contact person at	the Home Institution (official stamp and
signature)	
SignatureP	lace and date
UNISI Department/Centre	
We confirm that the proposed working/rese	·
Name and position of the contact person at	the University of Siena
Contact person's signature	Place and date
Department's Director approval	
Signature and stamp	