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Dottorato di Ricerca

Maggiorazione estero 50%

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I hereby certify that Dr _____
SURNAME FIRST NAME/S

e-mail if available _____

has followed research in this Institution as a PhD (Doctorate) Student

From To

_____ _____

Today, _____
(put the date)

Stamp

_____

Tutor's Full Signature/Title

Instructions for the Tutor

In order to pay the grant, you have to:

-copy/print this certificate upon the corporate paper of your Institution

-complete the form for each period of attendance, specify the date, than stamp and sign fully

- send to: Università degli Studi di Milano, Direzione Trattamenti Economici e Lavoro Autonomo, Ufficio Contratti di Formazione Specialistica, Pagamenti Dottorato e Missioni, by InformaStudenti subject "Pagamenti dottorati" **within the 3rd of every month of delivery.**

Thanks for your cooperation.