**VISITING PH.D. STUDENT AFFILIATION FORM**

To the Director of the Ph.D.

School of the University of

Macerata

I, undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in *(place)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(country)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Passport no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

enrolled in the Ph.D. program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, town \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the knowledge that the University of Macerata (UniMC) is committed to and active in disseminating a broad awareness of the presence and research activities of *Visiting Ph.D. student* at the University of Macerata, agree to the following:

1. During my training and research period at (UniMC), I commit to:

* carry out the training and research activities agreed upon with the Host Structure (Department, Interdepartment or scientific structure at UniMC);
* submit a report of my work and findings to the Head of the Host Structure at the end of my research period at UniMC;
* increase awareness of UniMC among my academic colleagues and professional contacts and include mention of it when publishing the results of the research I conduct, in whole or in part, at UniMC, even after the conclusion of my visiting research period. In particular, if I hold a position at another research institution or have a dual appointment, I am aware that I should indicate both affiliations in publications associated with the work carried out during my research period at UniMC. When indicating my affiliation with UniMC, I am aware that the official Italian name of the institution to be used is: “Università di Macerata”.

2. During my research period at UniMC, I am aware that I am entitled to:

* a workplace at the host structure;
* access to university computer facilities;
* access to university libraries;
* information and support regarding the procedure for obtaining my Italian residence permit of stay;
* information in my search for suitable accommodation in Macerata;
* insurance coverage within the limits of the law and the university insurance policies.

I hereby also authorize the University of Macerata to use my personal data details (i.e., name, surname and email address) for registration and any other purposes related to my mobility.

Name of the Ph.D student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the University of Macerata (Head of the Ph.D. School)

Per accettazione

Direttrice della Scuola di Dottorato

Prof.ssa Laura Melosi

Date and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_