

PHD SCHOLARSHIP INCREMENT REQUEST FORM FOR INTERNATIONAL STAYS

Alla Magnifica rettrice
Università degli Studi di Roma "La Sapienza"
Area Servizi per la Didattica e Diritto allo Studio
Settore Dottorato di Ricerca

THE UNDERSIGNED

SURNAME _____

FIRST NAME _____

STUDENT ID NUMBER _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ENROLLED IN THE ____ YEAR OF THE PHD PROGRAM

PHD PROGRAM IN: _____

- **Funding source:**

☐ Sapienza Università di Roma

☐ External Institution: _____

Please specify the funding institution

Or

- **DOCTORAL STUDENT WITHOUT A SCHOLARSHIP (From cycle XXXVIII onward)**

For PhD students without scholarship, to receive the increment, please provide the following information:

- IBAN

- Account Holder Name:

- Registered with the Social Security System:

**REQUESTS THE INCREMENT OF THE DOCTORAL SCHOLARSHIP FOR THE PERIOD
SPECIFIED BELOW**

FROM _____

TO _____

TO THIS END, ATTACHES TO THIS REQUEST:

1. The prior authorization of the Doctoral Program Coordinator, indicating the planned period of stay abroad. This authorization must be an original document on the letterhead of the Department/Center affiliated with the Doctoral Program.
2. A certificate from the foreign institution where the study and research period was conducted, indicating the exact period of stay. This certificate must be an original document on the institution's official letterhead.

FINALLY, DECLARES:

- ☐ I HAVE NOT PREVIOUSLY BENEFITED FROM THE SCHOLARSHIP INCREMENT
- OR
- ☐ I HAVE ALREADY BENEFITED FROM THE SCHOLARSHIP INCREMENT FOR ____ DAYS

Date: _____, Rome

Signature