



Authorization to attend additional courses

Name of Ph.D. student _____ Series/cycle _____

Details of the additional Course to be authorized:

University (if not UniPD)/Department issuing the course: _____

Ph.D. program (or evidence of Ph.D. equivalent level): _____

Title/Lecturer/Course description/website if available/hours/credits (if available):

(place and date)

(signature)

(Approved by the supervisor)

Name and surname of the supervisor _____

Signature _____ date _____

(Authorization)

Signature of the PhD Course Coordinator Lucia Regolin for authorization

Signature _____ date _____

PhD Collegial Body authorization minute attached

Collegial Body: Academic Board Executive Board
Date (dd/mm/yyyy) ____/____/____