Dr. ***Surname and First Name***

***Department of…/Institute of…(workplace)***

***Address of the workplace***

***ZIP Code and City***

***Phone and e-mail***

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*Place, date*

*To the Director of the PhD School in.*

*Physics, Astrophysics and Applied Physics*

Department of Physics

University of Milan

Dear Prof. Aniello Mennella,

with this letter, I, the undersigned Dr. ***Last Name and First Name***, student of the ***firt/second/third*** year of the Ph.D. Program in Physics, Astrophysics, and Applied Physics (***YYYY*** Cycle), apply for the grant to support residency costs, according to the parameters established by the Academic Senate for the period running from the ***start date*** to the ***end date.***

I declare that:

* my residency is outside the Region of Lombardy
* I am an EU/extra-EU citizen
* I have a Residence Permit (see attached copy)
* I have no family load.

Also attached is an excerpt of the Minutes of the PhD Board in which a resolution was passed in favor of the above contribution.

To cover the residency expenses, the Director of the PhD School makes available ***YYY*** euros given in sixmonthly installments until the end of the doctoral programme.

Yours faithfully

***Last Name and First Name***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the coverage of residency expenses, I make available value in euros from my PhD project.

The Responsible of the funds

Aniello Mennella

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| The Director of the Physics Dept.Prof. Paolo Milani |  | COMPILAZIONE A CURA DELLA SEGRETERIA |  |
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