## <u>FELLOWSHIP INCREASE – STUDY/RESEARCH ABROAD</u>
## <u>APPLICATION FORM</u>

Student ID n. [                    ]

PhD Administrative Center (PhD-AC)
Università Commerciale "L. Bocconi"
Piazza Sraffa, 11
MILANO

I, the undersigned: _____

enrolled in the _____ cycle of the PhD Programme in _____

_____

## ASK

for the authorisation to stay abroad for _____ months

from (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____

to carry out the following activity: _____

_____

Host Institution: _____

_____

**Short description of motivation of the stay abroad:**

_____

_____

_____

_____

Milan _____

_____
Student's signature

_____          _____
Advisor's signature (if already assigned)          Director's signature