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| **CENTRO RICERCHE FUSIONE** JOINT DOCTORATE IN FUSION SCIENCE AND ENGINEERING  |

## Request of authorization for making educational support activity

**I undersigned ……………………………………………..…..**, PhD student of *…………...* cycle

**ask to the PhD Course Board the authorization** to participate to the selection Call for making paid educational support activity for the course *……………………………………………………………….………………..…………..* held by Prof. ……………………………………………………….…….. for the Graduation course in *…………………………………………………………………………………..………..*. .

The foreseen number of hours is *…………*.

**Date: ……………………** **Signature: ……………………………………**

 (PhD student)

The Supervisor gives a favorable opinion on the request …………………………………………………………….

*(Supervisor)*

**Approved by the PhD Course Board on date: ………………………………………………………………………**