|  |  |  |
| --- | --- | --- |
| **­t** |  | sigilloLogoUnipd_CMYK2 |
| **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: ………………………………………………………………………**