**REQUEST OF AUTHORIZATION TO THE FREQUENCY FOR DEGREE/DOCTORATE**

The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_born on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fiscal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mobile phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_serial number\_\_\_\_\_\_\_\_\_\_\_\_

**ASKS**

To be authorized for the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as documented by the signing date of the policy of accident and/or registration certificate, attached) to attend this Section within the university internship entitled:

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

Laboratory activities: 🞐⁪ NO ⁪ 🞐 YES, as specified below:

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| --- | --- |
| Laboratory, year | Samples month and total |
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The requested documentation is attached:

* Curriculum Vitae;
* Medical certificate;
* Accident prevention policy (specific risks and sums insured not less than € 50.000,00 in case of death and permanent disability) and/or certificate of registration;
* One photograph.

The undersigned Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to follow as internal tutor the applicant, also committing to provide technical and scientific support to operate in the laboratories above mentioned, noting at the same time prevention regulations for the workplace safety, Legislative Decree no. 81/08 and subsequent modifications and integrations.

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|  |  |
| --- | --- |
| Signature of Internal Tutor | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of the RUF laboratories | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signatures of the Managers of laboratories concerned  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Palermo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the University Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_