



Università degli Studi di Trieste
Dipartimento di Matematica e Geoscienze

REQUEST TO STAY ON DMG PREMISES

FOR VISITING SCIENTISTS

I undersigned (name and surname): _____

Home address: _____

Phone: _____

Trieste address: _____

E-mail: _____

Affiliation: _____

Address: _____

Visiting prof./dr.: _____

Re the project: _____

Start of visit date: _____ End of visit date: _____

Request the permission to stay for research on the Dipartimento di Matematica e Geoscienze, University of Trieste, premises.

I am informed that during my permanence at the Department I have no right to have any insurance paid by the Department itself regarding possible accidents occurring during my stay on Department premises, and I herewith declare that I will not hold the Director nor the Department responsible in this respect.

Trieste, _____

THE VISITING SCIENTIST

Approved:

LOCAL HOSTING

Approved:

THE DIRECTOR

Fill out and return duly signed to the Secretary of the Department