## REQUEST FOR THE INCREASE OF THE PHD FELLOWSHIP

To the SISSA Director protocollo@sissa.it

The undersigned		born on
in	, enrolled in the	year of the Ph.D. course in
		for the present academic year
	REQUESTS	
the increase of the amount of the	fellowship from	to, in order
to visit the <sup>1</sup>		
for scientific collaboration.		
Trieste, (date)		(signature)
,		,
		Data Protection Regulation (EU)
2016/679, I hereby give permission procedure and for statistical purpose	• •	
www.sissa.it/privacy).	se in rain proteodion or my ngm	to and commontainty (coo intpo
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The undersigned Prof		, Head of the Ph.D. course in
		, agrees with the request.
		(signature)

<sup>&</sup>lt;sup>1</sup> Name and location of the University, Department, Institute or Laboratory.