

ATTESTATO DI FREQUENZA
Dottorato di Ricerca

I hereby certify that.....

Mr./Ms.

FAMILY NAME

FIRST NAME/S

has been attending researches in this Institution as a PhD (Doctorate) Student

.....
FROM

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TO

TODAY

STAMP

.....
TUTOR'S FULL SIGNATURE/TITLE

PLEASE DELIVER TO:

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To the Tutor (how to use this form) In order to pay the grant, you are kindly requested to: copy/print this form upon the corporate paper of your Institution. **Complete** with the relevant dates (from/to) one copy for each monthly period. Date, stamp and sign fully. Make it sent **by mail** (see address on top and deadline on bottom). Please write any additional message on this form itself. Thanks for your cooperation.