

**High Education and Advanced Studies**

To the Coordinator PhD in

(cycle )

SUBJECT: Request for compatibility work activity

The undersigned/s/s , born/a to (prov, ) the ,

student/s for academic year 20 /20at year of PhD in (cycle ),

D I C H I R A

to carry out the following work: at *(in the case of employment as an employee or similar)*  with the following type of contract *(e.g.: indefinite, fixed-term, co.co.co, etc.): (if applicable due date:* ) for n. hours per week *(if the data is not certain, declare the estimate);*

**Note: in case of multiple work activities, make a single request that includes all the details.**

***(indicate only one of the following options)***

* to be a doctoral scholarship holder and to receive for the tax year 2025 an annual taxable income not exceeding the annual amount of the scholarship, currently € 16,243.00;
* not to perceive the doctoral scholarship.

Therefore, it asks the College of Professors to decide on the compatibility of this work activity with the fulfilment of the obligations laid down for the training of a research doctor.

The undersigned/a declares, under his/her personal responsibility, that what is stated in the present request corresponds to truth and to be aware of what is prescribed by art.76 D.P.R.28/12/2000 n.445 on criminal liability which can be incurred in case of false statements.

The undersigned/s also expresses its consent that the personal data provided with this request may be processed in accordance with D.Lgs.30/06/2003 n.196.



If during the academic year there are changes from what stated in this request, the undersigned/ to undertake to give immediate written notice to this University.

Trusting in a benevolent welcome of the present, he offers distinguished greetings. Foggia,

SIGNING A DOCTORATE

**DECLARATION OF THE DOCTORAL STUDENT**

I, Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as tutor of the PhD student/

Doctoral student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that this work activity will enable regular participation in the PhD course.

PLACE AND DATE

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

FIRMA

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Via Gramsci 89/91 71122 . Foggia . Italy