

**ATTESTATO DI FREQUENZA –  
MAGGIORAZIONE BORSA ESTERO 50%**

Dottorato di Ricerca

Matr. n° .....

I hereby certify that  
Mr./Ms.

.....

.....

FAMILY NAME

FIRST NAME/S

e-mail

.....@campus.unimib.it

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

.....

FROM

.....

TO

.....

TODAY

STAMP

.....

TUTOR'S FULL SIGNATURE/TITLE

PLEASE DELIVER TO:

Università degli Studi di Milano – Bicocca  
Ufficio Gestione assegni di Ricerca, Borse di Studio e Collaborazioni studentesche  
c.a. Anna Esposito - [anna.esposito@unimib.it](mailto:anna.esposito@unimib.it)  
Piazza dell'Ateneo Nuovo,1  
20126 Milano Italy

Fax n. +39.02.6448. 6789

---

**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). Anticipation via fax is allowed. You don't need to add a cover sheet. Please write any additional message on this form itself. Thanks for your cooperation.

**Deadline: This document must reach the office within the 30<sup>th</sup> of the month before the payment**