

**ATTESTATO DI FREQUENZA –
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Dottorato di Ricerca

Matr. n°

I hereby certify that
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FAMILY NAME

FIRST NAME/S

e-mail@campus.unimib.it

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

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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:

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