

## APPLICATION FORM

Name:

Academic position:

Institutional affiliation:

E-mail:

I DECLARE that

- my contact person at the School of Law of the Università degli Studi di Milano-Bicocca is Professor \_\_\_\_\_ as specified in the attached invitation letter;
- I commit myself to recognizing in a possible research article that it is the result of my stay at the School of Law of the Università degli Studi di Milano-Bicocca;
- I am ready to carry out didactic activities if requested;
- I will stay for a minimum of 30 continuous days ( \_\_\_\_\_ to \_\_\_\_\_ );
- I receive/do not receive remuneration or financial support to cover expenses from the host entity or from other entities (the remuneration or the financial support amounts to \_\_\_\_\_ );
- I request financial support in the amount of \_\_\_\_\_ Euros.

Attached:

- my *curriculum vitae* including the list of publications;
- my detailed research project;
- an invitation letter from \_\_\_\_\_ .

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature