

## AUTHORIZATION FOR EXTERNALLY PAID ACTIVITIES

To the Coordinator of the PhD program in \_\_\_\_\_  
(Send by mail)

To Supervisor \_\_\_\_\_  
(Send by mail)

### I, the undersigned

Surname and name

\_\_\_\_\_

born in \_\_\_\_\_ prov. (\_\_\_\_) in \_\_\_\_\_

enrolled in the PhD course in

\_\_\_\_\_

\_\_\_\_\_ cycle \_\_\_\_\_

### ASKS

to the **Academic Board** pursuant to the Regulations for PhD Courses of the University of Campania Luigi Vanvitelli the **authorization** to carry out the following **work activity** outside the training project (Illustrate the type of activity carried out and the relevance to the PhD course):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected weekly hours: \_\_\_\_\_

Duration: from \_\_\_\_\_ to \_\_\_\_\_

Type of contract: \_\_\_\_\_ Estimated gross salary \_\_\_\_\_

Employer / Customer: \_\_\_\_\_

### DECLARES

that carrying out this activity:

- does not compromise participation to the overall activities of the doctorate and the development of one's own educational project.
- does not determine any conflict of interest, even potential, with the University of Campania Luigi Vanvitelli.

The writer is aware that:

- The total salary cannot exceed the value of the doctoral scholarship.
- Forfeits any benefits resulting from the provision issued on the basis of a false declaration (articles 71 and 75 of Presidential Decree 445/2000).

Aversa, \_\_\_\_\_

\_\_\_\_\_  
(signature)

A copy of a valid identification document is attached, as well as a copy of the documentation supporting this application, essential for the purpose of issuing the authorization.