## SCHEDA INFORMATIVA RICHIESTA PER IL RILASCIO DEL TITOLO DI

**“VISITING PROFESSOR / RESEARCHER / FELLOW”**

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| Struttura proponente | |
| Dipartimento |  |
| Estremi Delibera Dip. |  |

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| Docente di contatto Unipa | |
| Nominativo |  |
| Qualifica |  |
| Telefono |  |
| E-Mail |  |

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| --- | --- |
| Dati anagrafici del Visiting Professor | |
| Qualifica |  |
| Nome |  |
| Cognome |  |
| Luogo di nascita |  |
| Data di nascita |  |
| Nazionalità |  |
| Telefono |  |
| E-Mail |  |

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| --- | --- | --- |
| Dati relativi all’attività di collaborazione | | |
| Istituzione di provenienza |  | |
| Posizione attualmente ricoperta presso l’Istituzione di provenienza |  | |
| Estremi eventuale Accordo di Cooperazione Internazionale vigente |  | |
| Periodo di permanenza effettuato presso UniPA | dal | al |
| Relazione Scientifica sull’attività svolta presso UniPA | *Vedi pagina seguente* | |

## RELAZIONE SCIENTIFICA RICHIESTA PER IL RILASCIO DEL TITOLO DI

**“VISITING PROFESSOR / RESEARCHER / FELLOW ”**

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Il Docente di Contatto

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