



SCHOOL  
FOR ADVANCED  
STUDIES  
LUCCA

## External Visiting Student Type B Research Period

RPA:  
U:  
N:  
Rif. n:  
CIG:  
CUP:

|   |  | Personal Data |            |  |
|---|--|---------------|------------|--|
| Applicant   | First name:  |               | Last name: |  |
|   | E-Mail address:  |               |            |  |
|   | Place and Date of birth:   |               |            |  |
|   | Permanent address:   |               |            |  |
|   | Current academic affiliation :<br>(name of university, type of course and year of study)                       |               |            |  |
|   | Research Period Information  |               |            |  |
|   | Name of IMT Faculty Member:  |               |            |  |
|   | Affiliated research unit:  |               |            |  |
|   | From:  |               | To:        |  |
|   | Motivational statement:<br>(Please briefly specify your motivations for wanting to participate in this course) |               |            |  |
| I would like to request single room accommodation in the IMT residential facilities (subject to availability) for the cost of 25€ + 10% VAT per night for the following periods:  |  |               |            |  |
| Preliminary Authorization   |  |               |            |  |
| The visiting student must acquire the approval of the Director of the Research Unit to which the Faculty member is affiliated before submitting this form.  |  |               |            |  |
| Name:   |  | Signature:    | Date:      |  |
| The payment of the room must be made before arrival to the account below. As the payment reason, when you make the bank transfer, please be sure to include this phrase: "payment for room – visiting student – ( <i>your name</i> )".                |  |               |            |  |
| Payments must be made to:<br><b>BANCO POPOLARE – Branch in Lucca, Piazza San Giusto</b><br><b>BIC SWIFT: BAPPIT21S00</b><br><b>IBAN: IT 56 X 05034 13701 000000473518</b><br><b>NOTE: Please remember to submit a copy of your CV with this form.</b> |  |               |            |  |

|     |                   | Payment Check            |       |
|-----|-------------------|--------------------------|-------|
| RPA | Payment received? | <input type="checkbox"/> | Date: |

|          |            | Final Authorization |  |
|----------|------------|---------------------|--|
| Director | Signature: | Date:               |  |