**Allegato 2**

**LETTER OF ACCEPTANCE**

**FOR A MASTER STUDENT’S THESIS RESEARCH**

The undersigned, ………………………………………………(*name of authorized representative*) declares his/her intention to accept Mr./Ms. …………………………………………(*name of the student*) enrolled at Università degli Studi di Udine in the master degree course ………………………………….. to spend a research and study period at the ……………………… (*name of the host organization/institute/department/university*) from ………………………… (month/year) to …………………………….. (month/year) to (*brief description of the research, collect data, references, carry out lab experiments, etc*.):

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

within a scholarship initiative launched by Università degli Studi di Udine in AY 2022-2023 to enable master students conducting their thesis researches abroad.

Thus, ……………………………………………………………(*name of authorized representative*) approves the master thesis research program previously agreed with the Student’s Thesis Supervisor of the Università degli Studi di Udine.

Should Mr./Ms. ………………….………………… be granted the Master Thesis Scholarship, the Institute/Department will timely provide Mr./Ms. …………..…………………….. with the supervision of Prof./Dr. …………………………………………….. (*name and surname of the tutor/supervisor*), free access to the students’ facilities, labs and libraries to enable him/her to carry out his/her master thesis research program.

At the end of the research and study period, …………………………………………… (*name of the host organization*) shall issue a certificate of stay.

The undersigned ………………………………………………….. (*name of authorized representative*) acknowledges that Mr./Ms. …….......................................................... will be provided with a scholarship by Università degli Studi di Udine over his/her stay period at the ………………………………..*(name of the host organization)*. He/she will be covered by the necessary civil liability coverage and coverage against accidents. Should national or local rules in the host country require for further insurance coverage, Mr./Ms. ……………………………………… shall personally abide by said rules as specified by ……………………….(*name of the host organization*).

Date: …………………………………

Name and Surname of the authorized representative: ……………………………………………………………….

Signature of the authorized representative and stamp:

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