



**Request to claim summer/winter school attendance within the  
15% external attendance hours**

*(to be filled in, signed, and returned to [phd.bmcs@unipd.it](mailto:phd.bmcs@unipd.it))*

Winter/summer school name

Winter/summer school URL

Length in hours

Institute organizing the winter/summer school

Winter/summer school dates

Name of Ph.D. student submitting this request

Name of supervisor

**Date**

**PHD STUDENT'S SIGNATURE**

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**Date**

**SUPERVISOR'S SIGNATURE**

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