



SCUOLA  
NORMALE  
SUPERIORE

APF/SGF

SBC/SDF/SGF

### Temporary stay at the Residence "Aldo Capitini" (Firenze)

#### I, the undersigned

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Born the \_\_\_\_\_ in \_\_\_\_\_

#### Resident in

Address \_\_\_\_\_ Number \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Mobile number \_\_\_\_\_

ITALIAN FISCAL CODE \_\_\_\_\_

Holder of the scholarship for doctoral studies (Ph.D.) in \_\_\_\_\_

Course of study n. \_\_\_\_\_

#### Ask for

a room at the Residence "Aldo Capitini", Viale Corsica 100, Firenze starting from \_\_\_\_\_ till \_\_\_\_\_ (IN \_\_\_\_\_ OUT \_\_\_\_\_)

- For stays up to 60 days, a payment notice "[pagoPA](#)" for the amount due will be issued, containing all info on how and when to pay.
- For stays longer than 60 days, a Decree will be issued and the amount due will be directly deducted from the scholarship.

Any change that will occur in the duration of the stay must be reported promptly and well in advance to [eventiculturali.firenze@sns.it](mailto:eventiculturali.firenze@sns.it).

Date \_\_\_\_\_

\_\_\_\_\_

Signature

N.B. This form must be duly filled in and signed via e-mail to [eventiculturali.firenze@sns.it](mailto:eventiculturali.firenze@sns.it) together with a copy of a valid identity document.