



**AFFILIATION FORM
for Visiting Professors and Visiting Researchers
hosted at the University of Verona**

In the knowledge that the University of Verona (hereinafter referred to also as "UNIVR") is committed to and active in disseminating a broad awareness of the presence and research activities of Visiting Professors, Visiting Researchers and the other scholars it hosts, I, the undersigned, agree to the following:

1. During my research period at UNIVR, I commit to:
 - carry out the teaching and/or research activities agreed upon with the Department/School of
 - increase awareness of UNIVR among my academic colleagues and professional contacts and include mention of it when publishing the results of the research I conduct, in whole or in part, at UNIVR, even after the conclusion of my visiting research period.

When indicating my affiliation with UNIVR, I am aware that the official Italian name of the institution is to be used: "Università degli Studi di Verona".

2. During my stay at UNIVR, I am aware that I am entitled to:
 - a workplace at the Host Department/School;
 - access to university computer facilities;
 - access to university libraries;
 - information and support regarding the procedure for obtaining my Italian permit of stay;
 - information and support in my search for suitable accommodation in Verona;
 - insurance coverage within the limits of the law and the university insurance policies;
 - ESU card to access the university canteens managed by "ESU Verona";

I hereby also authorize the University of Verona to publish my contact details (i.e., name, surname and email address) on its official website.

The Visiting Professor/Researcher

The Head of the Department/School of

.....
Date

.....
Date

Signature
.....

Signature