



APPLICATION FOR IUS FINANCIAL INCENTIVES FOR MENTORING

This part is to be filled by the applicant

Protocol No: _____

Date: _____

Name of the applicant: _____

	Name and Surname	Title	Date of defense
MA student 1 (free)			
MA student 2 (financial support)			
MA student 3 (financial support)			
MA student 4 (financial support)			
PhD student (financial support)			

I certify that the information I have given in this application is both true and correct. _____
(Date and Signature)

This part is to be filled in by the Graduate Office

Information provided above is correct	Date	Signature

This part is to be filled in by the Vice-Rector for Academic Activities and Student's Affairs

Total amount to be paid	Date and Signature

This part is to be filled in by the Rector

Recto r's decision	Approved	Not approved
Explanation		
Date:		
Signature:		