AFFILIATION FORM
For Visiting Professors, Visiting Scholars
and other research personnel hosted at Ca’ Foscari University of Venice

I, the undersigned, agree to the following:

1. Ca’ Foscari University of Venice promotes the visit of highly qualified professors, researchers and scholars, belonging to non-Italian university, research or higher education institutions.

2. During his/her visit at Ca’ Foscari, the researcher commits him/herself to:
   • carry out the research activities as agreed with the Host structure (Department, Inter-department or Inter-university structure);
   • submit a report of his/her work and findings to the Head of the Host structure at the end of his/her visit at Ca’ Foscari University;
   • mention Ca’ Foscari University among his/her affiliations, when results from research work executed in whole or in part at Ca’ Foscari University are published, even after the conclusion of the visiting period. In particular, visiting Professors/Researchers working for another research institution, as well as professors with dual appointment, should indicate both affiliations in publications. Institutional affiliation information must conform to the official Ca’ Foscari quotation format: “Università Ca’ Foscari Venezia”.

3. During his/her visit at Ca’ Foscari, the researcher is guaranteed:
   • workplace inside the host structure;
   • access to the computer facilities of the University;
   • access to University libraries;
   • support and information from the central administration offices regarding the procedures for obtaining a stay permit;
   • accident insurance;
   • accommodation in Venice through the Housing Office of Ca' Foscari University;
   • special fees for the university canteens managed by “ESU Venezia”;
   • other facilities granted to Ca’ Foscari employees.

I hereby also authorize Ca’ Foscari University to publish my contact details (i.e. name, surname and email address) in its official website.

Name of the Researcher ____________________________

For Ca’ Foscari University
Prof. ______________________________________
(Head of the Host Structure)

Date - Signature ____________________________

Date - Signature ____________________________