



ANEXE I

AUTHORISATION REQUEST FORM FOR NON-UV STAFF MEMBERSTAYS AT
UNIVERSITY OF VALENCIA FACILITIES

PERSONAL DATA OF NON-UV STAFF MEMBER	
Name and Surname(s)	
ID number (NIF)/Passport	
Postal address	
Email	
Telephone contact number	
Nationality	

PROFESSIONAL DATA OF NON-UV STAFF MEMBER			
University or organisation of origin			
Type of staff	Undergraduate student	<input type="checkbox"/>	Administration staff
	Master's degree student	<input type="checkbox"/>	Researcher
	PhD student	<input type="checkbox"/>	Teacher

UVEG STAFF MEMBER IN CHARGE OF THE STAY	
Name and surname(s)	
Departament, Institute, Interdisciplinary Research Organisation, Centre	

STARTING AND ENDING DATES OF THE STAY	
Starting date	
Ending date	

BRIEF DESCRIPTION OF THE ACTIVITY TO BE CARRIED OUT:

SCHEDULED LOCATION	
Research group	
Laboratory or office	

OTHER REQUIREMENTS:

Burjassot, _____,
The applicant membre of daa,

Approval:
Director of the department,