AFFILIATION FORM
for Visiting Professors, Visiting Scholars
and other researchers hosted at Ca’ Foscari University of Venice

In the knowledge that Ca’ Foscari University is committed to and active in disseminating a broad awareness of the presence and research activities of Visiting Professors, Visiting Scholars and the other researchers it hosts, I, the undersigned, agree to the following:

1. During my research period at Ca’ Foscari, I commit to:
   • carry out the research activities agreed upon with the Host Structure (Department, Inter-department or Inter-university structure at Ca’ Foscari);
   • submit a report of my work and findings to the Head of the Host Structure at the end of my research period at Ca’ Foscari;
   • increase awareness of Ca’ Foscari University 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 Ca’ Foscari, even after the conclusion of my visiting research period. In particular, if I hold a position at another research institution or have a dual appointment, I am aware that I should indicate both affiliations in publications associated with the work carried out during my research period at Ca’ Foscari.

   When indicating my affiliation with Ca’ Foscari, I am aware that the official Italian name of the institution is to be used: “Università Ca’ Foscari Venezia”.

2. During my research period at Ca’ Foscari, I am aware that I am entitled to:
   • a workplace at the Host Structure;
   • 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 Venice;
   • insurance coverage within the limits of the law and the university insurance policies;
   • a discount at the university canteens managed by “ESU Venezia”;
   • access to the other facilities available to Ca’ Foscari employees.

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

Name of the Researcher
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Date and Signature
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For Ca’ Foscari University (Head of the Host Structure)
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Date and Signature
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