Milano, …….

Prof.. Luciano Punotti

Dept. Department of Health,

Animal Science and Food Safety

Via Celoria 10

20134 Milano, Italy

**To whom it may concern**

I, Prof. Luciano Pinotti, Coordinator of the Doctoral Programme in Nutrition Sciences, hereby confirm that Dr xxxxxxx, is enrolled in the ………… cycle. Accordingly, she/he is also authorised to attend to the …………………………………………., for presenting her/his research results.

Best Regards