



**AMMINISTRAZIONE CENTRALE**  
AREA DIDATTICA E SERVIZI AGLI STUDENTI  
UFFICIO DOTTORATO DI RICERCA

The undersigned \_\_\_\_\_ (surname) \_\_\_\_\_ (name),  
born in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Asks

FOLLOWING THE ORDER OF THE RANKING LIST, TO BE ENROLLED WITH (*tick the box corresponding to the assigned PLACE*):

- SCHOLARSHIP FUNDED BY THE UNIVERSITY *fill in attachment n.1*
- SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (WITH NO PRIORITY-RESEARCH PROJECT) *fill in attachment n.1*
- PLACE FUNDED BY CATHOLIC UNIVERSITY OF URUGUAY *fill in attachment n.3*
- For those enrolled in the second to last/last year of a Medical Specialization School *attach form n. 2 and the authorization of the Medical Specialization School and of the Board of the PhD Course in accordance with the provisions of the selection notice.*

**N.B.:** For each place/scholarship you must print, fill in, and sign the relevant attachment available at <https://www.unipd.it/en/phd-course-religion-culture-and-public-life>

#### DECLEARS

He/she activated an [ORCID](#) profile and that his/her ID is \_\_\_\_\_

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_