

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

FORM NO. 2

WINNERS ENROLLED IN A MEDICAL SPECIALIZATION SCHOOL

The undersigned _____ (surname) _____ (name),
born in _____ on ____/____/____ aware of the liability and the penal sanctions stated
in art. 75 and 76 of the DPR 445/2000 for false affirmations and mendacious declarations that will involve the loss of the
granted benefits when discovered in consequence of inspections carried out by the Administration

DECLARES

that s/he is enrolled in the Medical Specialization School in

_____ at the University of _____, in the _____ year

DECLARES, FURTHERMORE,

- that the Medical Specialization School will end on (date) _____;
- that s/he has been given by the Medical Specialization School the approval to jointly attend the Specialization School and the PhD Course;
- that s/he has been given by the PhD Course the approval to jointly attend the Specialization School and the PhD Course;
- that s/he commits to follow the activities of the PhD course according to what decided by the Academic Board of the PhD Course;
- for those granted a PhD scholarship: that s/he is aware that the scholarship will be paid out starting from the end of the joint attendance until the end of the PhD course.

Place, date _____

Signature _____

(Attach also the authorization of the Medical Specialization School and the Board of the PhD Course for the joint attendance)