

**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):

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY MD 117/2023  | <i>fill in attachment n.1 and 3</i>  |
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY MD 118/2023  | <i>fill in attachment n.1 and 3</i>  |
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (LINKED TO PRIORITY-RESEARCH PROJECTS) | <i>fill in attachment n.1</i>  |
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY DEPARTMENT (LINKED TO PRIORITY-RESEARCH PROJECT)                         | <i>fill in attachment n.1</i>  |
| <input type="checkbox"/> | For those enrolled in the second to last/last year of a Medical Specialization School          | <i>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.</i> |

**N.B.: For each place/scholarship you must print, fill in, and sign the relevant attachment available at <https://www.unipd.it/en/national-phd-programme-scientific-technological-and-social-methods-enabling-circular-economy>**

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

Signature \_\_\_\_\_