

**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)