

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 THE UNIVERSITY | <i>fill in attachment n.1</i> |
| <input type="checkbox"/> | SCHOLARSHIP COFUNDED BY THE DEPARTMENT AND THE UNIVERSITY | <i>fill in attachment n.1</i> |
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY THE UNIVERSITY RESERVED TO APPLICANTS WITH FOREIGN QUALIFICATION | <i>fill in attachment n.1</i> |
| <input type="checkbox"/> | SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (WITH NO PRIORITY-RESEARCH PROJECT) | <i>fill in attachment n.1</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 (WITH NO PRIORITY-RESEARCH PROJECT) | <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"/> | PLACES WITHOUT SCHOLARSHIP | <i>fill in attachment n.2</i> |
| <input type="checkbox"/> | For those enrolled in the second to last/last year of a Medical Specialization School | <i>attach form n. 3 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/research/doctoral-degrees-phd-programmes/phd-programmes-calls-and-admissions> otherwise you can follow the breadcrumbs from the website <http://www.unipd.it/en> >TEACHING AND RESEARCH > PhD Programmes Calls and Admissions.

Place, Date _____

Signature _____