

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 CENTRO DI ATENEIO
- For those enrolled in the second to last/last year of a Medical
Specialization School

fill in attachment n.1

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.

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 _____