

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 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/phd-md-117-2023>

Place, Date _____

Signature _____