

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 IN A PLACE (tick the box corresponding to the assigned PLACE):

- | | |
|--|--|
| ☐ WITH SCHOLARSHIP FUNDED BY THE UNIVERSITY | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP FUNDED BY THE UNIVERSITY RESERVED TO APPLICANTS WITH FOREIGN QUALIFICATION | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP COFUNDED BY THE DEPARTMENT AND THE UNIVERSITY (NOT BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP COFUNDED BY THE DEPARTMENT AND THE UNIVERSITY (BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (NOT BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP FUNDED BY EXTERNAL PUBLIC OR PRIVATE BODIES (BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP FUNDED BY DEPARTMENT (NOT BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITH SCHOLARSHIP FUNDED BY DEPARTMENT (BOUND TO SPECIFIC RESEARCH TOPIC) | <i>fill in attachment n.1</i> |
| ☐ WITHOUT SCHOLARSHIP OR EXCLUSIVELY WITHOUT SCHOLARSHIP | <i>fill in attachment n.2</i> |
| ☐ 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 Call for admission to PhD courses for the XLII cycle.</i> |

N.B.: For each place/scholarship you must print, fill in, and sign the relevant attachment available at <https://www.unipd.it/en/dottorato/bandi-graduatorie>

DECLARES

He/she activated an ORCID profile and that his/her ID is _____

Place, Date _____

Signature _____