

REQUEST FOR ENROLLMENT

Trieste.....

To the Director of SISSA

protocollo@sisa.it

phd@sisa.it

The undersigned.....

born in.....

asks to be enrolled in the year of the Ph.D. course in

.....

for the academic year...2023/2024....

Yours sincerely

.....

(signature)

☐ In accordance with Italian D.Lgs 196/03 and the General Data Protection Regulation (EU) 2016/679, I hereby give permission to use my personal data for all matters connected to the procedure and for statistical purposes in full protection of my rights and confidentiality <https://www.sissa.it/privacy>

Revenue stamp € 16,00 – payment with pagoPA [Servizio Pagamenti SISSA](#)

Please forward the enrollment form together with the copy of payment to phd@sisa.it