

REQUEST FOR SUSPENSION/END OF SUSPENSION OF THE PHD FELLOWSHIP

Trieste,

To the Director of SISSA

protocollo@sisssa.it

The undersigned,
born in, on enrolled in the
year of the Ph.D course in
for the present academic year, asks for the
of the fellowship payment starting from until due to
.....

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 (see <https://www.sissa.it/privacy>).