

# REQUEST FOR ENROLLMENT

Trieste, .....

To the Director of SISSA

[protocollo@sissa.it](mailto:protocollo@sissa.it)

The undersigned .....,  
born in ....., on .....  
asks to be enrolled in the ..... year of the Ph.D course in  
.....,  
for the academic year .....

He/she asks to be assigned the relevant fellowship.

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>).

Marca da bollo

€16,00