## REQUEST FOR THE PHD FELLOWSHIP FINAL EXAMINATION POSTPONEMENT

	Trieste,
	To the Director of SISSA
	protocollo@sissa.it
The undersigned	
oorn in	on enrolled in the 4 <sup>th</sup>
	,
	Examination by months. The Ph.D Defense will be held
	he same period, he/she also asks to receive:
Living Contribution	Health insurance Contribution: €
· ·	
Yours sincerely,	
	(signature)
full protection of my rights and confidentialit	y (see https://www.sissa.it/privacy).
The gross amount of the fellowship for is The gross amount for The total cost of the postponement for	or SISSA is The gross amount of the living expenses health insurance contribution is
of the Ph.D course in	coordinator
formal consent of the fund	Examination Postponement. He/she also declares to have the holder to cover the postponement cost from the

(signature)