

REQUEST FOR ENROLLMENT

Trieste,

To the SISSA Director

protocollo@sisssa.it

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

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