REQUEST FOR PHD FINAL EXAMINATION

Trieste…….

To the Director of SISSA

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The undersigned ……..born in....., on.....enrolled in the 4th year of the Ph.D. course in……., for the academic year ……, asks to take the final examination to obtain the research degree of "Doctor Philosophiæ".

I declare that the title of my thesis is: ……

……..

My supervisor(s) is/are (name and institution): ……

……

My external referees are (name, institution, e-mail): ……..

…….....

My final examination is expected to take place on…….

Hereby, I also commit to upload the final version of my Ph.D. thesis to SISSA “Digital Library-IRIS” and I authorize the School to distribute it through Internet and Interlibrary Loan (ILL) according to the current legislation.

I also commit to filling out the Form for Consent to Data Processing ALUMNI SISSA at the following link: https://forms.office.com/e/F7XBLerxjp

Yours faithfully,

….....

(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@sissa.it