REQUEST FOR PHD FINAL EXAMINATION

Trieste……………….

To the Director of SISSA

protocollo@sissa.it

phd@sissa.it

The undersigned

....born in..., on...............................enrolled in the .... 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 myself 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.

Yours faithfully,

…...………………………………………

(signature)

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