REQUEST FOR ENROLLMENT

Trieste……..

To the Director of SISSA

phd@sissa.it

The undersigned……

born in…….....

asks to be enrolled in the ……. year of the Ph.D. course in

……..

for the academic year 2024/2025

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 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