To the Director of SISSA Via Bonomea 265 34136 TRIESTE

protocollo@sissa.it

The u	ndersigned
Born i	n (city, province, state)
on	
reside	ent in (city, province, state)
	l code address
Addre	ess for competition purposes only (if different from above):
Posta	I code address
	e number:
E-mai	l address:;
	ASKS
To pa	articipate to the selection of the best Ph.D thesis discussed at SISSA during the period
-	.2013 - 28.02.2014.
She/h	e declares under her/his responsibility:
a)	to have obtained the Ph.D title in
	on
	title of the thesis:
b)	to have handed over electronic copy of the thesis to the School archives (Digital Library);
c)	to inform the Administration as soon as possible of any changes to the above information.
She/h	e encloses the following documents:
	Reference letter from the supervisor of the thesis;
	Brief written report from the external referees of the thesis;
	List of the published scientific articles related to the thesis
	Other
Date.	Signature