

# REQUEST FOR THE ADVANCE PAYMENT OF THE PHD FELLOWSHIP

Trieste, .....

To the Director of SISSA

[protocollo@sissa.it](mailto:protocollo@sissa.it)

The undersigned .....  
born in ..... on ..... enrolled in the first  
year of the Ph.D course in ..... ,  
asks to receive the first month of the fellowship in advance.

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>).