

REQUEST FOR THE ADVANCE PAYMENT OF THE PHD FELLOWSHIP

Trieste,

To the Director of SISSA

protocollo@sissa.it

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

Yours sincerely,

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(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>).