

REQUEST FOR ENROLLMENT

Trieste,

To the Director of SISSA

protocollo@sissa.it

The undersigned,
born in, on
asks to be enrolled in the year of the Ph.D course in
.....,
for the academic year

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 (see <https://www.sissa.it/privacy>).

Marca da bollo €16,00
