

## Marca da bollo € 16,00

## REQUEST FOR PHD FINAL EXAMINATION

	Trieste	,
	То	the Director of SISSA protocollo@sissa.it
The undersigned		,
born in	·	
year of the Ph.D course in		,
for the academic year, asks research degree of "Doctor Philosophiæ".	to take the final exami	ination to obtain the
I declare that the title of my thesis is:		
My supervisor(s) is/are (name and institution):		
My external referees are (name, institution, e-mail): .		
My final examination is expected to take place on the		
Hereby, I also commit myself to upload the final Library-IRIS" and I authorize the School to distribute according to current legislation.	•	•
Yours faithfully,		
		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).



