

REQUEST FOR ENROLLMENT

Trieste.....

To the Director of SISSA

protocollo@sissa.it

The undersigned.....

born in..... on.....

for the academic year 2025/2026

asks to be enrolled in the (*choose one of the following options*):

2nd year of the Ph.D. course in

.....

3rd year of the Ph.D. course in

.....

4th year of the Ph.D. course in

.....

and asks to be assigned the relevant fellowship (€ 16242,00 gross per year)

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 <https://www.sissa.it/privacy> (*please check this box*)

Revenue stamp € 16,00 – payment with pagoPA [Servizio Pagamenti SISSA](#)

Please forward the enrollment form together with the copy of payment to the proper Secretariat (phd@sissa.it or ilas@sissa.it)