



Post-Graduate Services Area
Organizational Unit "State Exams, Ph.D. Programs and Masters"

APPLICATION FORM
PH.D. PROGRAM XXXV CYCLE
INFORMATION TECHNOLOGIES FOR ENGINEERING
(WITH HEADQUARTERS AT THE UNIVERSITY OF SANNIO)

To the Rector
University of Sannio
Piazza Guerrazzi, n. 1
82100 Benevento

(For precise instructions, please refer to article 3 of the Call for Competition and the PhD Info Sheets annex A)

The undersigned _____
SURNAME NAME
gender (M/F) ___ born at _____ on _____
resident in _____ address _____ Postal Code _____
tel. _____ mobile _____ e-mail address _____

ask to apply to Ph.D. Program in "***Information Technologies for Engineering***" choosing between the following types of positions (***the candidate, under penalty of exclusion, can compete for no more than two types of positions, in addition to ordinary ones***):

ORDINARY POSITIONS (*choose one curriculum at least*)

- *Information Technology;*
- *Energy and Environment.*

POSITIONS WITH SCHOLARSHIP FUNDED BY THE DEPARTMENT OF EXCELLENCE and RFI (Rete Ferroviaria Italiana);

POSITIONS WITH SCHOLARSHIP FUNDED BY THE AFARCLOUD PROJECT (SPECIFIC RESEARCH TOPICS);

POSITIONS WITH SCHOLARSHIP FUNDED BY THE ATTICUS PROJECT (SPECIFIC RESEARCH TOPICS);

RESERVED POSITIONS (*Candidates wishing to participate in reserved positions must also specify the type of position among those listed below:*

- *Position reserved for holders of scholarships from foreign countries;*
- *Position reserved for employees of Italian Public Research Centres/Institutions, engaged in activities requiring high qualifications (with salary maintenance);*
- *Position without scholarship reserved for graduates from foreign universities.*

I hereby declare under my responsibility, according to articles 46 and 47 of the Decree of the President of the Republic n. 445 of December 28, 2000, to be aware of the penal sanctions set by article 76 of the same Decree for falsity of acts or false declarations.

I declare:

- a) To be _____ citizen;
- b) (*for candidates with an Italian degree*) to hold a Diploma di Laurea/Laurea Specialistica/Laurea Magistrale in _____ awarded on _____ with marks _____ at the University _____;
- c) (*for candidates with a foreign degree*) to hold a _____ degree on _____ awarded on _____, which has been declared equivalent to the Italian degree _____ by _____ on _____ (*in case the applicant does not possess such declaration, he/she must enclose all documents useful to the Admission Committee to establish adequacy of the degree for admission to the chosen Ph.D. course, as indicated in Article 3, paragraph 8 of the Call for Competition*);
- d) (*for undergraduates in their final year*) that I will be awarded the _____ degree on _____ on _____ by the University _____ (*the degree has to be awarded by the deadline set at article 2 paragraph 5 of the Call for Competition*);
- e) to choose the following language for the admission exam (*Italian or English*) _____;
- f) to choose the following curriculum _____ (*to complete these fields please refer to the Ph.D. data sheet*);
- g) (*only for applicants to Positions reserved to students who are recipients of scholarships granted by foreign institutions*) to be in possession of scholarship granted by the following foreign institution _____;
- h) (*only for applicants to Positions reserved to employees of Institutes and Public Research Centers engaged in highly qualified activities (with salary maintenance)*) to be employed in the following Institute or Public Research Center _____ from _____;
- i) my commitment to attend full-time the Ph.D. program for which I applied, according to the rules laid down by the Academic Board;
- j) to accept all the provisions contained in the Call and in the University Regulations for the Establishment and Organization of Ph.D. programs.

(The applicant must declare the above under penalty of exclusion)

Indication of up to three professors or researchers to write reference letters (**Referees must send their letters to dottorati@unisannio.it by the seventh day prior to the written exam (where required) or the oral exam**):

- _____;
- _____;
- _____.

I select for communications regarding the procedure the following address: (street and number) _____, postal code _____, City and Country _____, e-mail address _____. I agree to communicate promptly any change.

I hereby authorize the competent Administrative Offices to handle my personal data pursuant to the Regolamento generale sulla protezione dei dati (GDPR, *General Data Protection Regulation- Regolamento UE 2016/679*).

I acknowledge that the University of Sannio has the right to ascertain, in any phase of the procedure and also after enrollment, the truthfulness of my declarations.

Date _____

Signature
