

Settore Servizi Post Laurea U. O. Esami di Stato, Dottorati e Master

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

PHD ENROLLMENT APPLICATION

(TO BE COMPLETED UPON ARRIVAL IN ITALY)

The undersigned									
SURNAME		NAME							
gender (M/F) bo	rn at	on							
resident in	address _	Postal Code							
domicilied in	address_	Postal Code							
tel	mobile	_e-mail address							
ask to be enrolled to the first year of the PhD in with headquarters at the University of Sannio: o with scholarship; o with scholarships granted by foreign institutions; o without scholarship;									
President of the Rep		esponsibility, according to articles 46 and							
o to be	citizen;								
	•	sidence permit as required by the current legurses or PhD Courses or Master;	gislation;						

- to be aware that attendance to the course involves an exclusive commitment to full-time;
- to give prior notice to the Coordinator of the PhD Program if it intends to undertake external activities,
 including occasional and brief;
- o to give immediate notice to this Administration of any change that occur at the above conditions;
- o to authorize the competent Administrative Offices to handle my personal data pursuant to the "General Data Protection Regulation" 2018;

O	(only joi studen	its with school	ai siiips	grunteu by j	oreign mist	itutions)	to be i	ii possessio	וו טו נוופ	
	documentation	concerning	the	scholarship	granted	by	the	following	foreign	
	institution		;							
0	to complete the i	registration to	the Ph[O Program wit	h the docun	nents red	quired by	/ University o	of Sannio	
	and listed in the "	Letter of Invitati	on" at tl	he time of arriv	al in Italy.					
D.A.										
Dat	te			Signature						