



Settore Servizi agli Studenti
U. O. Post Laura

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) ___ born at _____ on _____

resident in _____ address _____ Postal Code _____

domiciled 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:

- with scholarship;
- with scholarships granted by foreign institutions;
- without scholarship;

Therefore, 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:

- to be _____ citizen;
- to arrange for the study visa or residence permit as required by the current legislation;
- to not be enrolled in other degree courses or PhD Courses or Master;
- 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;
- to give immediate notice to this Administration of any change that occur at the above conditions;
- to authorize the competent Administrative Offices to handle my personal data pursuant to the "General Data Protection Regulation" 2018;

- **(only for students with scholarships granted by foreign institutions)** to be in possession of the documentation concerning the scholarship granted by the following foreign institution_____;
- to complete the registration to the PhD Program with the documents required by University of Sannio and listed in the *"Letter of Invitation"* at the time of arrival in Italy.

Date _____

Signature
