**THE MAGNIFICENT RECTOR UNIVERSITY OF SALENTO**

**amministrazione.centrale@cert-unile.it**

**REQUEST FORM TO BE ADMITTED TO THE FINAL EXAM OF PHD COURSE**

**SURNAME**

**NAME**

**TAX CODE**

**PLACE OF BIRTH**

**PROVINCE COUNTRY**

**DATE OF BIRTH / / SEX M F**

**RESIDENCE:**

 **ADDRESS**

**LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSE NUMBER**

 **PROVINCE \_\_\_\_\_\_**

**Postcode COUNTRY**

**PHONE**  **CELL.**

**HEREBY ASKS**

to be admitted to **the final exam to** obtain the title of PhD, discussing the thesis entitled:

disciplinary scientific field of the thesis

Date,

The doctoral student

Signature

The undersigned declares that he / she is aware that the collection and processing of personal data will be carried out in compliance with national and EU laws as well as the principles of correctness and protection of confidentiality and exclusively for purposes related to the full implementation of the administrative relationship with the University.

The doctoral student

Signature