RESEARCH DOCTORATE ENROLMENT FORM (Academic Year 2020/2021)

Photo

To the Rector of

THE UNIVERSITÀ DEGLI STUDI DI MILANO

THE UNDERSIGNED		MATRICOLA NR	(Office use only)
SURNAME		NAME	
DATE OF BIRTH	PLACE OF BIRTH	x	COUNTRY
CITIZENSHIP Tax Code			
RESIDENT IN City/Town		Country	
Address	PHONE	Number	Postcode
CURRENT HOME ADDRESS (in Italy) City/Town			_
Address	PHONE	Number	Postcode
WISHES TO ENROLL IN THE FOLLOWING		ATE:	(36th CYCLE)



STATEMENT REPLACING CERTIFICATE (Art. 46 of Presidential Decree n° 445/2000)

Aware of the penalties in case of untruthful statements (according to Article 76 of the Presidential Decree N° 445/2000),

		HEREBY DECLARES			
	that t	the personal details indicated above are true and, furthermore:			
•	To have obtained the following degree, on				
	dd/mm/yy				
	Master of Art/Science/				
	degree) in				
	University				
	State				
	Grade				
♦ DECLAR	to know norms about	the Research Doctorate of the University of Milan			
DDIVAC	V DOLLCV				
PRIVAC	•	I have read and understood the policies on the use of my personal data provided by the new art. 13 D. Lgs. 196/03 https://www.unimi.it/sites/default/files/2019.ni%20e%20isp.pdf			
•••••	place, date	signature			