



**RESEARCH DOCTORATE COURSES
APPLICATION FORM**

To the Chancellor of the Università degli Studi di Milano-Bicocca

**PLEASE WRITE IN CAPITAL LETTERS
OR WITH A PERSONAL COMPUTER**

The undersigned:

.....
Surname/Family name Date of birth
..... / /

Name Gender
..... M F

Place of birth (Town)
.....

Country Citizenship
.....

Tax code Telephone number
.....

Mobile number E-mail address
.....

Resident in

.....
Address
.....

Address code Town
.....

Country
.....

Present Home Address (possibly in Italy)

..... City/Town Adress Number Poste code
.....

Email

Adress to send all communications

.....
Full adress
.....

Telephone number Fax number email
.....

**HEREBY APPLIES
for the admission to the following Research Doctorate Course**

..... (curriculum.....).

- for ordinary positions
- for extra positions (where foreseen by the announcement of competition)

For this purpose, having regard to the provision under D.P.R. n.445/2000, and fully aware that according to art.76 those who make a false statement or provide a false certificate are subject to the penalties imposed by the criminal law and special laws regulating the subject matter

THE APPLICANT DECLARES ON HIS/HER RESPONSIBILITY AS FOLLOWS:

- to be of nationality
- to have a Master's degree in
- Other kind of degree in.....
duration (*in years*) achieved in date
- with the following final mark/grade (*if any*)..... in a scale of
- at the following University
- to have other degree (*for example specialization degree*) in
-
duration (*in years*)..... achieved in date at the following University
-

for which he/she applies a request of equivalence to the Teaching Body of the Course. For this purpose the undersigned encloses a notarized copy of the degree, a notarized Italian translation of the degree certified by authorities of the degree issuing country, a value declaration ("dichiarazione di valore") by the Italian Embassy or Consulate, and any other document necessary for the equivalence declaration.

- to have a foreign degree already declared equivalent to Italian degree by the following University:
.....
N° and date of the act
- to apply for VISA at to Italian Embassy/Consulate in (*specify nation and town*).....
..... (only for extra-resident)
- to have physical condition or other disabilities, which might necessitate (art. 4 L.104/1992):
 - special arrangements
 - special support
 - additional time.

AND COMMITS HIMSELF/HERSELF

To promptly communicate any change in the aforementioned address

AND FURTHERMORE ATTACHES

- The receipt of the registration fee (No Foreign non-EU citizens who are resident abroad)
- All the documents necessary for the equivalence declaration (a notarized copy of the degree, a notarized Italian translation of the degree certified by authorities of the degree issuing country, a value declaration by the Italian Embassy or Consulate)
- Identity certificate by Italian Diplomatic Representation (only Foreign non-EU citizens who are resident abroad)
- Medical certificate proving the request (only for people with disabilities)

Milan,

.....
Applicant's Signature

Incomplete forms will not be accepted

Information regarding the processing of personal data (*D.L. n. 196 del 30/06/2003*).

Candidates' personal data will be kept and used only for didactic and administrative purpose, with the utmost respect to the right to privacy.