

PhD Program in _____

*To the Rector of the University
of Naples "Parthenope"
Ufficio Dottorati di Ricerca
Via Acton n. 38 80133 Napoli*

The undersigned _____,
born on (Date) _____, in (Town) _____,
(Province) _____, (Country) _____,
resident in (Town) _____, (Province) _____,
(Country) _____, at (Address) _____,
postcode _____, Phone: _____,
e-mail: _____

Codice Fiscale (tax code number/ NIN)																				
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address selected for the purposes of the selection (to be filled in *only if* different from the place of residence):

Address _____,
Postcode _____, City _____, Province _____

A P P L I E S

to compete to other forms of financial support which could be made available to the winners of the competition of the XXXIX Ph.D. program

Date, _____ Signature (full and readable), _____