

# REQUEST FOR THE AWARD OF "DOCTOR EUROPÆUS" LABEL

To the PhD Coordinator

Prof. \_\_\_\_\_

To the Academic Board of the PhD Program in

\_\_\_\_\_

I, the undersigned \_\_\_\_\_

born in \_\_\_\_\_ Country \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_

residing in \_\_\_\_\_ (IT Province \_\_\_) (Foreign Country \_\_\_\_\_)

street \_\_\_\_\_ no. \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Enrolled** for the A.Y. \_\_\_/\_\_\_ in the \_\_\_\_\_ cycle, in the \_\_\_ year of the PhD Course in

\_\_\_\_\_

## REQUEST

to be admitted by the Academic Board to the procedure for obtaining the Doctor Europæus Label along with the PhD title.

### TO THIS END, I DECLARE:

that I have completed / I am still completing a research period abroad of at least 6 months in total at

\_\_\_\_\_

that the thesis will be written and defended in the following language: \_\_\_\_\_ (an official EU language other than Italian)

Place and date, \_\_\_\_\_

Supervisor's signature

PhD student signature

\_\_\_\_\_

\_\_\_\_\_