FINAL EXAMINATION FORM

This form is not intended for registration for the final examination.

Whoever knowingly makes any false declarations shall be punished by law and shall lose any benefits granted if based on false statements (D.P.R. 445/2000, artt. 3, 46 e 47).

Università degli Studi di Trieste - Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca P.le Europa, 1 - <u>34127 – TRIESTE</u> - <u>dottorati@amm.units.it</u>

I, the undersigned									
Surname				Naı	ne			Sex (M o	rF)
Data distribution		Dise					December - /if	:- It - It - I	
Date of birth (dd/mm/yyyy)	7	Place	e of birth				Province (if	in Italy)	
Country (if outside Italy)									
PhD Course									
					STATE				
for the purpose of the doctoral fin	al ex	aminatior	n, that I am a	aware that:			ī		
- in accordance with the Regulat	ons f	for admis	sion to the f	inal examina	tion for PhD degree -	- academic year		/	
I must complete the online appl shall result in the exclusion from				on by upload	ing the final PhD the	sis on the Esse3 system w	ithin the dea	adline. Failing to	o do so
- the thesis title as indicated on uploaded on Esse3 and to the t					amination correspon	ds to the title on the front	t cover (sign	ed by the supe	ervisor)
- the upload of the thesis must co	omply	y with arc	hive require	ments, there	fore the document ca	annot be uploaded again o	r edited afte	r the set deadli	ne;
 the thesis will be automaticall compliance with the University 	•	•				ū		e in Open Acc	cess in
- the thesis will be automatically certify the legal deposit;	harv	vested by	the Nation	al Libraries i	n Rome and Florence	ce and will be assigned a	National Bil	bliography Nun	nber to
, ,				I ALSO	O STATE THAT				
- I have read the Regulations for admission to the final examination for PhD degree and have checked all the data entered on the online application for the final examination;									
- I am aware that the contents a be held responsible for any infr						damaging the work of oth	ers and that	the University	cannot
- the thesis must be uploaded or articles or other materials that r	the I	ESSE3 pl	atform, it m nse or infrin	ust be compl ge copyright	ete and must contair or privacy laws.	n no attachments such as	preprints or r	eprints of copy	righted
				<u> </u>					
Place	====	day	month	year =======	· ==========	HANDWRITTEN SIGNA	TURE BY THE F	PhD STUDENT	=====
Pla	4284	complet	e the follow	ving only if	vou have a scholar	shin for the year 2023/2	N24		
Please complete the following only if you have a scholarship for the year 2023/2024 I ALSO STATE THAT									
I am aware that the scholarship providing that personal income security contributions;				ny work activ	vity, either in employi				
- that in the event that my incorrelevant scholarship installmen		exceeds the	ne mentione	ed limit, the	scholarship will be s	suspended and withdrawn	, and I will I	have to pay ba	ack the
·									
			I S1	ATE THAT	MY PERSONAL	INCOME			
	ex	xceeds				does NOT exceed			
				the limit	for the year 2024				
					,				
- I am aware that in the event th	at hv	31 Dece	mher 2024	I exceed the	aforementioned inco	ome limit. I shall inform the	Poctoral Of	ffice before the	end of
January 2025 by email to <u>dotto</u>				. 5,,0000 1116	a.s. omornonou moc	iiiiii, i ondii iiioiiii tile	2000101	50 201010 1116	5.1G 01
Place		day	month	year		HANDWRITTEN SIGNA	TURE BY THE F	PhD STUDENT	

Please complete the following only if you have applied for the Doctor Europaeus label

I, the undersigned, hereby **STATE** that I comply with all requirements as set by the Regulations of the University of Trieste on "Doctor Europaeus" and **CONFIRM** that I have applied for the Doctor Europaeus label, provided that all requirements are met. day month HANDWRITTEN SIGNATURE BY THE PhD STUDENT **Embargo** The embargo request must be submitted upon application for the final exam on ESSE3 Please fill in this section specifying the reasons for the request For the following reason/reasons: (select one or more of the following options and provide adequate information concerning your choice) **Editorial reasons** (Please specify if the thesis, in whole or in part, has been submitted to a publisher and is curently awaiting publication.) (Please complete the following only if the patent request has been submitted before the thesis defence. In this event, please provide the details of your patent request) Other (please state your motivation clearly) Place day month year HANDWRITTEN SIGNATURE BY THE PhD STUDENT

HANDWRITTEN SIGNATURE BY THE SUPERVISOR(*)

Place

day

month

year