



LAST REVISED 18 luglio 2024

## STUDENT OBLIGATIONS ACCEPTANCE 40th CYCLE – A.Y. 2024/25

Mere submission does not guarantee enrolment

Please print out this form, fill in (write legibly in block capitals), sign, scan and upload it on the ESSE3 platform in pdf format only. Other file formats will not be accepted.

I, the undersigned

Surname

Name

Date of birth

day month year

Place of birth

Province (if any)

Permanent residence (city or town)

Province (if any)

Permanent address

Street number

Place of domicile in Italy (mandatory – it can be provided after arrival in Italy)

Province

Address in Italy

Street number

(according to articles 38, 46 and 47 of D.P.R. 445 of 28.12.00 "Public administration documentation Act")

Fully aware that any person who makes materially false statements of fact shall be subject to prosecution under the Italian Criminal Code and other applicable legislation, and shall lose their benefits.

**HEREBY STATE**, for the purpose of enrolment in the **PhD programme in**

(Name of the Doctoral Programme)

- that I meet all the necessary conditions as required by the Call for Applications and by the accepted Doctoral position;
- that I have read and am aware that I have to abide by the national and University regulations concerning Doctorates, particularly art. 25 of the "[PhD Regulations of the University of Trieste](#)", as well as any agreements with hosting institutions;
- that I am aware that I have to meet the requirements throughout the whole duration of the PhD;
- that I am aware that the University promotes the implementation of the Open Access principle whereby doctoral theses are published in free and open access and that only upon substantiated request of the doctoral student, to be submitted before the thesis defense, the PhD Board may authorize the student to temporarily seal parts of their thesis, exclusively for reasons related to intellectual property protection;
- that I commit to keep the Supervisor updated on the research and undertake the required assessments during my stays in institutions other than the University of Trieste as requested by the Doctoral Board;
- that I shall pay a regional tax (Law 549/95 and any subsequent changes and integrations) and contributions/fees according to the provisions provided by the "[Fees Notice](#)" which is issued every year. I also understand that I shall enter online my bank account details for any refund;
- that I shall read the information on [Health Surveillance](#), in particular the section dedicated to students, and fill out the anamnestic questionnaire for the purpose of health assessment;

Only for Doctoral students whose courses take place in University hospitals/clinics and are employed in healthcare services:

**ATTACH**

(please tick the box if appropriate)



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- a photocopy of the **contract for insurance cover** against professional risks, valid for the year of enrolment;
  - a photocopy of the request to carry out "healthcare services" for the academic year to which s/he is enrolling, to be addressed to the Director/Chair of the Doctorate and the Director of the University Clinic/Hospital concerned. The request form must bear the signatures of approval by both responsible parties.
- In any case all the documents must be submitted before starting healthcare activities.

**I hereby state that I have read the information on data protection, in accordance with the art. 13 of the EU General Data Protection Regulation 2016/679, available on <https://gdpr.unityvfg.it/>.**

PLACE

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day month year

HANDWRITTEN SIGNATURE

The Administration office will carry out checks, including sample checks, on the truthfulness of the statements made.

**PLEASE NOTE**

Any change in the personal data (residence, domicile or bank account details) must be entered online by the PhD students themselves.