To Alma Mater Studiorum - Università di Bologna

AFORM area Formazione e Dottorato - Settore Dottorato di ricerca

email: [aform.udottricerca@unibo.it](mailto:aform.udottricerca@unibo.it)

**CERTIFICATE REQUEST FORM**

I, the undersigned

Surname and Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Enrollment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

* to receive n. \_\_\_\_\_ certificate/s with the following contents (all the certificates issued by the PhD Unit staff are stamped and signed)

|  |  |
| --- | --- |
|  | **Contents of the certificate** |
|  | enrollment |
|  | scholarship |
|  | increase of the scholarship for stay abroad |
|  | co-tutelle agreement |
|  | successful outcome of the last year + latest date for the awarding of the PhD Degree |
|  | awarding of the PhD Degree |
|  | PhD Examination Board evaluation |
|  | Other (to be specified): |

* that the above requested certificate is issued in the following language:
* Italian
* English
* that the above requested certificate is issued
* with registered signature (needed for legalization or certification by the following Territorial Offices of the

Government: Prefetture of Bologna, Ravenna, Rimini, Forlì-Cesena)

I, the undersigned

* commit myself to provide n. \_\_\_\_ €16 stamp duty/ies (one for each certificate requested) – a scanned copy of the stamp duty/ies is attached
* if exempted, declare that the above-mentioned certificate is issued for one of the following purposes:
* Scholarship application
* Visa application to be submitted to the Italian consular authorities abroad
* Permit of stay application and request for its renewal
* Other (to be specified): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**N.B.** The present request form must be sent to aform.[udottricerca@unibo.it](mailto:aform.udottricerca@unibo.it). Please, use an institutional unibo.it e-mail address. If the request form were to be sent from a different e-mail address, a scanned copy of an ID document is required.