

**INTEGRATIVE APPLICATION FORM
FOR THE ADMISSION TO THE PHD PROGRAMME - XXXII CYCLE**

To: Magnifico Rettore
Università degli Studi di Bari Aldo Moro
 Direzione Ricerca, Terza Missione e Internazionalizzazione
 Sezione Ricerca e Terza missione
 U.O. Dottorato di Ricerca
 Piazza Umberto I, n. 1
 70121 BARI - ITALY

I, the undersigned

SURNAME		
NAME		
SEX		M <input type="checkbox"/> F <input type="checkbox"/>
PLACE OF BIRTH	CITY	
	PROVINCE (if in Italy)	
	COUNTRY (if other than Italy)	
DATE OF BIRTH (dd/mm/yyyy)		
e-mail	MOBILE PHONE	

I DECLARE

that my application form has already been submitted by electronic transmission for the PhD course in:
 _____ and to choose the
 following curriculum:

(The choice of the curriculum shall be made ONLY if it is mentioned in the form of the PhD course in which the candidate intends to participate. The choice of the curriculum must be made by the end of the deadline, otherwise the right to admission of the call will be denied.)

<p>1. To hold a research grant awarded by the Department of _____</p> <p>at the University of _____ for the realization of the following research project _____</p> <p>Scientific Area _____ which will end on _____</p>
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<p>2. To be not to be a public employee, at the following Public Administration</p> <p>_____</p>
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Location: _____

1. To have not been / to have been awarded a PhD grant previously (even for one year or less);
2. To be aware of all regulations related to PhD stated in the Call for admission, even those connected with the compulsory attendance according the rules which will be indicated fixed by the Board of the PhD course. Study and research activities shall be carried out continuously and in the defined locations;
3. To have not obtained already / or obtained the PhD title in _____ at the University of _____ on _____;
4. To have not been awarded a study grant for PhD either in the past or currently;

for those who are in possession of a degree title issued by a foreign University:

I ASK

The Board of Examiners, for the sole purpose of admission to the present Call, shall assess the suitability of the foreign qualifications, in accordance with the regulations in force in Italy and in the Country where the title has been issued, and to the treaties and International agreements for the recognition of qualifications for study purposes.

With this aim, At this scope, I attach the documents mentioned in art. 3 of the Call of selection:
(List the documents)

For disabled candidates

(recognized by medical Commissions in accordance with art.4 of the Italian Law no 104/1992)

I THE UNDERSIGNED DECLARE

5. To have a disability, therefore requesting the following equipment:

And/or requesting extra time to carry out the exams

(If requested:)

YES NO

The Medical Certificate is attached

Candidates with motor and sensory disabilities, acknowledged by Law no 104/1992 and subsequent amendments, candidates with a percentage of civil disability of 66% or more, according to Law no 68/99, and candidates with learning disabilities (SLD) recognized by Law no 170/2010, can accordingly request special equipment and extra time to complete the admission exams. This request must be handed in or sent, in accordance with the regulations of art. 4 of this Call, accompanied by the medical certification issued by a Public Health Service, to U.O. Gestione documentale corrente (Protocollo) of this University- – Piazza Umberto I, n.1 – Bari, (entrance Via Scipione Crisanzio, 1)

by the deadline of this call.

The provisions of special equipment requested is not ensured if applied for after the deadline of this call.

It is important to note that for candidates with learning disabilities (SLD) and those with motor and sensory disabilities acknowledged by Law 104/92, **the certification attached to the request must**

be issued by the National Health Service (NHS) or by specialists or institutions accredited by NHS. The certificate must not exceed a three-year period. Furthermore, upon request, these candidates can be given extra time as provided by the current regulations.

I, the undersigned, declare to be fully responsible for all the information provided in the present application and to be aware of penalty in case of misrepresentation or false statements in a public document as stated in art. 76 of D.P.R. (Decree of the President of the Italian Republic) n. 445/2000 of 28th December 2000.

I, the undersigned, express my consent so that my personal data in this request can be processed respecting the Legislative Decree of 30th June, 2003 no 196/2003, for the fulfillment concerning the completion of the procedures and institutional purposes.

Foreign citizens may ask to pass the examination in one of the following languages (please choose English, French, German or Spanish):

_____, ____/____/____
Place and date

(Candidate's signature)
