Application Form

To the Kind attention of
The Chairman
Università
LUM GIUSEPPE DEGENNARO
S.S. 100 KM. 18
70010 CASAMASSIMA (BARI)
ITALIA

I, the undersigned,

_____
(Title, First Name and Surname)

Tax Code _____

Nationality _____

Place of Birth _____

In the Province of _____ Country _____

Date of birth _____ Resident in _____

In the Province of _____ Country _____

Permanent Address _____

Post Code _____

Home Telephone_____ Mobile Phone_____

e-mail _____

Contact address for the purposes of the selection process

City _____

in the Province of _____ Country _____

Address_____

Post Code _____

APPLY

to be included in the competitive selection process for admission to the Research Doctorate Course in "The Economics and Management of Sustainability and Innovation" XLII cycle –

A.Y. 2026-2027 (please select one):

◯ No. 4 scholarship (funded by LUM University).

◯ No. 1 place without scholarship.

I, THE UNDERSIGNED, HEREBY DECLARE UNDER MY OWN RESPONSIBILITY

° that I have _____ citizenship

° that I am the holder of a Degree (old system 4 year University degree) in

_____

in accordance with Italian Law n. 341/09

awarded on (date) _____ with a final mark of _____/_____

at the University of_____

Or a Second Level Specialization Degree in _____

_____ in accordance with Italian Law n. 599/99

awarded on (date) _____ with a final mark of _____/_____

at the University of_____

Or a Magisterial Degree in_____

_____ in accordance with Italian Law n. 270/04

awarded on (date) _____ with a final mark of _____/_____

at the University of_____

° **(for candidates who hold a foreign academic qualification and who have the *Rector's Decree* recognising equivalence)** that I hold a foreign degree in

_____

awarded on (date)_____ at the foreign University of

_____

recognized as equivalent to an Italian Degree with D.R. nr. _____ of (date) _____ by the University of _____

with a final mark of _____/_____

° **(for candidates who hold a foreign academic qualification but not recognized as equivalent to an Italian degree)** EU or Non-EU citizens who hold a degree awarded by a foreign University, must ask the Teaching Staff Council for the declaration of equivalence with the sole end of admittance to the competition (Annex1).

I furthermore declare

° That I will attend the Doctorate course full-time, at all the partner Universities in accordance with the procedures that will be set out by the Teaching Staff Council

° That my level of knowledge of the English language is: ○ Satisfactory ○ Good ○ Excellent

° That I have knowledge of the following foreign languages_____

° That I will inform the University about any change of residence or contact address

° That I receive/do not receive a research allowance (cross out the option that is not relevant)

° That I am/am not a foreign citizen holder of a scholarship funded by the Italian Government or by the Government of the Country of origin (cross out the option that is not relevant)

° That I have enclosed my *curriculum vitae et studiorum* with the present application form

° That I have enclosed the qualifications and any other documents to be evaluated with its list

° That I have enclosed my research project (max 4.000 words) with the present application form

° That I have enclosed the receipt of 55 euro.

Candidates who declare that they hold a scholarship must include the approved certification with the application form

Candidates who have disabilities should specify, according to the current regulation the aid they require and/or the request for additional time to complete the selection examination

_____

_____

_____

I furthermore declare, in accordance with art. 2 of Italian Law n. 15/68 and of art. 1 of D.P.R. 403/98, regarding false statements, that I am aware of the penalties laid down by the criminal code and by the special law concerning false statements in legal documents and the use of false documents. Furthermore, I am aware that I will lose all benefits deriving from measures taken on the basis of such statements.

I finally declare, that I am aware that the University Administration will accept no liability for communication problems due to candidates providing inaccurate details of their residence or contact address, or to any delay in their notifying the Administration of any changes to said details, or to failings of the postal or telegraphic services beyond the Administration's control.

Date, _____

Signature

_____

I enclose a copy of an identification document duly signed