Application Form

To the Kind attention of
The Chairman
University
LUM GIUSEPPE DEGENNARO

I, the undersigned, _____
(Title, First Name and Surname)

Tax Code _____

Nationality _____

Place of Birth _____

Province of _____ Country _____

Date of birth ____/____/____

Resident in _____

Province of _____ Country _____

Permanent Address _____

Post Code _____

Home Telephone _____ Mobile Phone _____

e-mail _____ @ _____

PEC _____ @ _____

Contact address for the purposes of the selection process:

City _____ Post Code _____

Province of _____ Country _____

Address _____

APPLY

to be included in the competitive selection process for admission to the Research Doctorate Course in Translational Medicine and Engineering: Advanced Technologies For Health (MED-TECH) XLII cycle – A.Y. 2026/2027 (please select one):

☐ No. 4 scholarship (funded by LUM)

☐ 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. 341/90 awarded on (date) _____ with a final mark of _____/_____ at the University of _____
  - ☐ a Second Level Specialization Degree in _____ _____ in accordance with Italian Law n. 509/99 awarded on (date) _____ with a final mark of _____/_____ at the University of _____
  - ☐ 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 holding a foreign academic qualification that has been recognized as equivalent by Rector's Decree)** 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 holding a foreign academic qualification that has not been recognized as equivalent to an Italian degree)** "EU and non-EU citizens holding a degree awarded by a

foreign university must request a declaration of equivalence from the PhD Academic Board, solely for the purpose of admission to the selection process (Annex 1)"

I furthermore declare:

- That I will attend the Doctoral Program on a full-time basis, at the LUM university, in accordance with the procedures established by the PhD Academic Board.
- That my level of knowledge of the English language is: ☐ Satisfactory ☐ Good ☐ Excellent
- That I possess knowledge of the following foreign languages:
- That I will promptly inform the University of any changes to my residence or contact address.
- That I ☐ receive / ☐ do not receive a research allowance (cross out the option that does not apply).
- That I ☐ am / ☐ am not a foreign citizen holding a scholarship funded by the Italian Government or by the government of my country of origin (cross out the option that does not apply).
- That I have enclosed my curriculum vitae et studiorum with this application form.
- That I have enclosed my qualifications and any additional documents for evaluation, along with a list thereof.
- That I have enclosed my research project (maximum 2,000 words) with this application form.
- That I have enclosed the payment receipt of € 55 for the admission fee.

Moreover,

- I declare that I have been duly informed that any changes to the objectives or expected outcomes of the research project are subject to prior authorization by the Italian Ministry of University and Research, and that any unauthorized changes will result in revocation of the scholarship and the obligation to repay any amounts already received.
- I declare that I have been duly informed that a negative evaluation by the PhD Academic Board, resulting in non-admission to the following year of the program, will lead to revocation of the scholarship and the obligation to repay any scholarship amounts received during the most recent academic year.

Candidates who declare that they hold a scholarship must enclose the official certification of the scholarship with the application form.

Candidates with disabilities must specify, in accordance with current regulations, any assistance or extended time required for the selection examination:

Legal Notice

In accordance with Art. 2 of Italian Law No. 15/68 and Art. 1 of D.P.R. No. 403/98 concerning false declarations, I declare that I am aware of the penalties established by the Penal Code and applicable special laws for making false statements or using false documents. I also acknowledge that I will forfeit all benefits obtained on the basis of such statements.

I further declare that I am aware that the University Administration bears no responsibility for communication issues caused by incorrect residence or contact details provided by the candidate, any delay in reporting changes to such information, or any failures in postal or telegraphic services beyond the University's control.

Date

Signature

A signed copy of an identification document is enclosed.