

TO THE RECTOR, UNIVERSITY OF SIENA

REGISTRATION N. _____ (Matricola)

I, _____ the undersigned _____

Place of birth _____ / _____ / _____ Date of birth (dd/mm/yyyy) _____

Registered residence address: _____ n. _____

city _____ (____) CAP _____ Tel. _____

Registered domicile address (in Italy): _____ n. _____

city _____ (____) CAP _____ Tel. _____

e.mail _____ @ _____ Mob. _____

☐ registered for the A. Y. _____ / _____, for the _____th Cycle

☐ having finished off the A.Y. _____ / _____ and achieving the PhD Degree in:

REQUEST THE FOLLOWING CERTIFICATE(S) ON UNSTAMPED PAPER FOR:

- ☐ law offices (not subject to Presidential Decree 445/2000) for adoption, divorce, separation, criminal proceedings, etc.
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- ☐ employer
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- ☐ hereditary succession purposes for lawyers or Banks

DOCTORAL RESEARCH PROGRAMME

☐ Certificate in ITALIAN

- ☐ n° _____ certificate of enrolment on Doctoral Research Programme
- ☐ n° _____ certificate of enrolment on Doctoral Research Programme and research grant
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- ☐ n° _____ certificate awarding PhD title
- ☐ n° _____ certificate for Italian Scientific-Cultural Master's Course (only up to XXXVIII Cycle)
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NOTE:

- Article 15 of law 183/2011, which entered into force on 1 January 2012, modifies Presidential Decree 445/2000 containing the Consolidation Act on legislative and regulatory provisions concerning administrative documents. In particular: *"Certificates issued by governmental bodies in relation to the status, personal qualities and circumstances of private citizens may be validly used only between private citizens. As regards relations between governmental bodies and public service providers, certificates and affidavits are always substituted by the statements provided for under articles 46 and 47" (self-certification).*
- Requests for certificates sent by post must be accompanied by a copy of a valid identity card/passport.**
- The collection of documents by a person other than the interested party can only be done by presenting a valid proxy, accompanied by an identification document of the delegating party and the presentation of an identity document by the delegate.**

Place and Date of compilation: _____, ____/____/____

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SEND REQUEST TO:	Ufficio per il Dottorato di Ricerca Università degli Studi di Siena Via Banchi di sotto, 55 53100 Siena or: ufficiodottorato@unisi.it
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