

To Alma Mater Studiorum - Università di Bologna
AFORM area Formazione e Dottorato - Settore Dottorato di ricerca
email: 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. 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.