



ALMA MATER STUDIORUM – UNIVERSITÀ DI BOLOGNA
AREA RICERCA E TRASFERIMENTO TECNOLOGICO
SETTORE DOTTORATO

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REQUEST OF CERTIFICATES EXEMPTED FROM THE PAYMENT OF THE STAMP DUTY FOR

- ☐ **VISA**
- ☐ **RESIDENCE PERMIT**
- ☐ **RESIDENCE PERMIT RENEWAL**

Surname(s) _____

Name(s) _____

Matriculation number _____

PhD Programme in _____

Italian mobile phone _____

E-mail _____

I require the delivery of the documents:

- ☐ by personal delivery directly at PhD office
- ☐ by ordinary mail at the following address:

☐ Enrolment + PhD Programme start and end date

☐ Enrolment + PhD Programme start and end date + Scholarship

☐ Admission to the final exam + expected date or session

Bologna ____/____/____

Signature _____
(clear and in full)