Application for certificates – PhD Graduates

|  |  |
| --- | --- |
|  |  |
| I, the undersigned(Surname and Name) |  |
| Born in |  |
| On (date) |  |
| Telephone |  |
| Mobile |  |
| E-mail |  |
| PHD |  |

Request that the following certificates on legal paper be issued

|  |  |  |  |
| --- | --- | --- | --- |
| **Type**  | **Number of copies** | **Italian** | **English**  |
| Certificate of awarding of qualification |  |  |  |
| Certificate of awarding of qualification with indication of exams sat |  |  |  |
| Certificate of awarding of qualification with indication of title of thesis |  |  |  |
| Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Please remember to include a copy of the front and back of your ID and the number of revenue stamps corresponding to the number of certificates requested.

Way of collection:

[ ]  in person or through a person authorised on my behalf

|  |  |
| --- | --- |
| Date of collection | Signature |

[ ]  to be sent to the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_n\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attn. (surname and name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The certificate(s) will be sent by registered letter. In any event, the applicant exonerates the University from any responsibility should the certificate(s) get lost in the post.

|  |  |
| --- | --- |
| Date | Signature |