



**INTERNATIONAL DOCTORAL PROGRAM IN
INTERCULTURAL RELATIONS AND INTERNATIONAL
MANAGEMENT (IRIM)**

ENROLLMENT FORM

Revenue
stamp
€16

To the Rector of Università degli Studi Internazionali di Roma - UNINT

I the undersigned _____ place of birth _____ date of birth _____
Country (*only for candidates born abroad*) _____ address _____
(*please indicate city and country of residence*), zip code _____

Please, indicate your current address, if different from the permanent one:

City _____ zip code _____ current address _____

codice fiscale _____

phone number _____ email _____

Hereby apply

for the enrolment in the international doctoral program in “Intercultural Relations and International Management (IRIM)” for the academic year _____ - _____ cycle.

- With the grant;
- Without the grant.

Pursuant to art. 46 and 47 of the Presidential Decree No. 445/2000 and aware of penal sanctions in case of false declarations, pursuant to art. 75 and 76 of the abovementioned Decree, I hereby declare:

- That my nationality is _____;
- That I am in possession of an Italian “Diploma di laurea magistrale” in _____
(*please indicate the Classes of degree course*), that I got on (date) _____ at the
University of _____;
- That I am in possession of a high school degree that I got on (date) _____
at _____ with the following final grade _____;
- That I am in possession of a higher education degree issued by institutions belonging to AFAM
(Alta Formazione Artistica e Musicale), in _____ that I got on
(date) _____ with the following final grade _____;
- That I am in possession of the following foreign degree _____ that I got
at the University of _____ on (date) _____ with the following
final grade _____ and therefore I commit:
 - To deliver the documents related to the above mentioned degree, legalised and translated in Italian, beside a declaration of value issued by the Italian institutions of the Country in which the qualification was got, within the deadline;



- To attach the Diploma Supplement (*only for qualifications got in EU countries*);
- To attach a copy of the Ministerial Decree concerning the equivalence of foreign degrees issued on _____:

- That I have the following qualification (master, internship, specialization) _____;
- That I never benefited, even partially, from a grant for the attendance to a doctoral program in an Italian University (*only for candidates with grant*);
- That, pursuant to art.6, paragraph 1, of Law No. 398/1989, I am aware that it is not possible to combine the doctoral grant with other grants, with the exception of those issued by national or international institutes for helping to finance research period abroad. (*only for candidates with the grant*);
- That I am not enrolled for the same year in other doctoral programs, specialization schools, or master degree programs neither at UNINT nor at any other University. (*in case of enrolment to doctoral programs, master degree programs or specialization schools, the situation must be rectified within the enrolment deadline*);
- That I am not carrying on any business;
- That I am carrying on the following business _____; Therefore, I will ask the Doctoral Board an evaluation of the compatibility between my business and the attendance to the doctoral program, and I will deliver it to the PhD office;
- That I am a civil servant and that I got a special leave for study or for any other circumstance contemplated in CCNL, which I attach to this document either I will receive the grant or not, except in case of renunciation of the doctoral grant (*provided that the candidate continues to be paid a salary he/she must renounce to the grant*);
- That I will attend the course according to modalities settled by the Doctoral Board;
- That I will pay € 140 to Lazio DiSCo (pursuant to art. 18, paragraph 8 of Legislative Decree No. 68 of March 29, 2012) and that I am aware that the admission to the following years and to the final exam depends on the payment of this amount;

In case of variations of what I declared above, I commit to inform immediately this University.

In order to get a tax relief for the Regional fee I hereby declare:

- To be a student with disabilities whose handicap has been legally acknowledged pursuant to art.3 paragraph 1, of Law No.104 of February 5, 1992, with a percentage of disability higher than 65%, as certified in the attached documents;
- That one of my parents receives a disability pension (pursuant to art.30 of Law No.118 of March 30, 1971) as certified in the attached documents.

In case the Administration requires it, I the undersigned will provide the documents concerning what declared above, at any moment of the enrolment procedure.

I the undersigned hereby declare that I have read the Privacy Disclaimer (<https://www.unint.eu/it/privacy.html>) and I authorize the processing of my personal data pursuant to EU General Data Protection Regulation 2016/679.

Date _____

Signature _____



Attachments:

- Copy of the ID;
- Copy of the bank transfer concerning the payment of the Regional fee of € 140 to the following bank account: UNIVERSITA' DEGLI STUDI INTERNAZIONALI DI ROMA – UNINT - BANCA POPOLARE DI SONDRIO - SEDE CENTRALE - IBAN: IT 55 J 05696 03211 000032000X91, mandatory purpose (**causale obbligatoria**): “Tassa Regionale Dottorato in *Intercultural Relations and International Management* a.a. 2019/2020”.
- Financial form;
- Foreign qualifications legalised and translated in Italian, beside a certification of equivalence issued by the Italian institutions of the Country in which the qualification was got;
- Diploma Supplement;
- Documents certifying the study leave pursuant to Law No. 476, art.2, of August 13, 1984 and its update in Law No. 240, art.19, of December 30, 2010 (Public employees);
- Any other business_____



ENROLLMENT WITH GRANT FINANCIAL FORM

TO BE FILLED OUT IN ORDER TO GET THE GRANT

(Money will be transferred only in Italian bank accounts whose holders are the recipients of the grant)

I, the undersigned _____ place of birth _____

date of birth _____

Country (*only for candidates born abroad*) _____

address _____

(*indicate city and country of residence*), zip code _____

Please indicate your current address, if it is different from the permanent one:

City _____ zip code _____ current address _____

Codice Fiscale _____

phone number _____

Enrolled for the Academic Year _____ in the first year of the doctoral program in
_____ - _____ cycle.

APPLY

for the transfer of the grant to the following bank account:

Bank _____ Agency _____ address _____

IBAN _____

Date _____

Legible signature _____