

## REGISTRATION FOR THE FINAL EXAM and PRESENTATION OF DOCTORAL THESIS

TO: THE RECTOR  
UNIVERSITY OF CAMERINO  
PIAZZA CAVOUR, 19/f  
62032 CAMERINO

The Undersigned (Surname) \_\_\_\_\_ (Name) \_\_\_\_\_  
born in \_\_\_\_\_ (Province \_\_\_\_\_) on \_\_\_\_\_  
Nationality \_\_\_\_\_ Residing in \_\_\_\_\_ (Province \_\_\_\_\_)  
Street name \_\_\_\_\_ Street No. \_\_\_\_\_ (ZIP code \_\_\_\_\_)  
Telephone No. \_\_\_\_\_  
Address for the purpose of the final exam: Street name \_\_\_\_\_ Street No. \_\_\_\_\_  
City/Town \_\_\_\_\_ ZIP code \_\_\_\_\_),  
having participated in the \_\_\_\_\_ PhD cycle in  
" \_\_\_\_\_", ending on  
\_\_\_\_\_, having its administrative headquarters at this University,

### APPLIES

**to be admitted to the final exam.**

The Undersigned declares that the title of his/her doctoral thesis is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Academic Discipline - e.g. BIO/01) \_\_\_\_\_.

The Undersigned attaches to the application::

- A copy of analytical assessment by the evaluators.

Date \_\_\_\_\_

Signature

\_\_\_\_\_