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Italy

To the Rector
of the University of Calabria
Via Pietro Bucci
87036 Arcavacata di Rende (CS)

I the undersigned _____, place of birth _____,
date of birth (dd/mm/yyyy) ____/____/____, tel. _____, e-mail

_____, having successfully passed the final exam for achieving the PhD
degree in _____, _____th cycle,

REQUEST

the PhD diploma.

(legible Signature)

Place and Date of compilation: _____

NOTE:

The present form of request for PhD diploma must be sent to the e-mail address: dottorati@unical.it, accompanied by:

- a copy of a valid identity card/passport;
- a copy of the bank transfer of € 32, payable to Università della Calabria IBAN IT 73 T 02008 80884 000103495463 - Banca Unicredit S.p.A. for reason "virtual stamp duty mark for request for certificate".