



**STUDENT OBLIGATIONS ACCEPTANCE**

42<sup>nd</sup> CYCLE – A.Y. 2026/27

Please fill in this form, sign by hand and upload it in pdf format to the Esse3 platform when applying for enrolment.

I, the undersigned

Surname

Name



date of birth

Place of birth

Country

(day month year)

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**HEREBY STATE**

Fully aware that any person who makes materially false statements of fact shall be subject to prosecution under the Italian Criminal Code and other applicable legislation, and shall lose their benefits. The Administration will carry out checks, including sample checks, on the truthfulness of the student's statements (articles 38, 46 and 47 of D.P.R. 445 of 28.12.2000)

- that I meet all the necessary conditions as required by the Call for Applications and by the accepted Doctoral position;
- that I acknowledge and agree that:
  - I shall comply with all applicable regulations and provisions governing Doctorates, particularly those referred to students' rights and obligations (art. 27 of the "[PhD Regulation of the University of Trieste](#)"), as well as obligations under the relevant agreements with any hosting institutions;
  - I shall meet the requirements throughout the whole duration of the PhD;
  - I undertake to keep my supervisors informed about any academic matter during the course of my studies and take the required assessments as required;
  - I am aware that I need to pay the regional fee and university contributions according to the provisions provided annually by the "[PhD Fees Notice](#)". I also understand that I must enter online my bank account details for any payment made by the University, including scholarships;
  - I undertake to read the information on [Health Surveillance](#) and fill out the online **form for the planned activities** for the purpose of health assessment;
  - I will attend the **online training on safety in the workplace**, which is **mandatory** for all students: [Safety: Training for Students](#);
  - doctoral theses are published in open and free access, in accordance with the University's Open Access Policy, with the exceptions provided for in [Art. 25 of the University Regulation](#).

Only for **Doctoral students who are employed in healthcare services**:

**ATTACHED**

*(please tick the box where appropriate)*

- a photocopy of the **contract for insurance cover** against professional risks, valid for the year of enrolment;
- a photocopy of the **request to carry out "healthcare services"** for the academic year to which s/he is enrolling, to be addressed to the Director/Chair of the Doctorate and the Director of the University Clinic/Hospital concerned. The request form must bear the signatures of approval by both responsible parties.

In any case all the documents must be submitted before starting healthcare activities.

I hereby declare that I have read the privacy notice, provided pursuant to Article 13 of Regulation (EU) 2016/679 (GDPR), available at <https://gdpr.unityfvg.it/>.

**NOTE:** Any change to personal data (residence, domicile, bank details) must be updated by PhD students in their Esse3 personal area.

PLACE

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day month year

HANDWRITTEN SIGNATURE