UNIVERSITÀ
DEGLI STUDI
DI BRESCIA

Al Magnifico Rettore
dell'Università degli Studi
di Brescia

REQUEST TO BANK TRANSFER OF PhD SCHOLARSHIP

TO BE FILLED-IN ONLY FOR CANDIDATES HAVING A BANK ACCOUNT IN A EUROPEAN COUNTRY

I (SURNAME AND NAME) _____

Date of birth -_____ Place of birth_____

Country_____

resident in (address) City/Town _____Country _____

Address/Number _____ Postcode _____

Temporary address (only if different from residence) City/Town_____

_____Country _____

Address/Number _____ Postcode _____

Eligible for a position with a scholarship for the Research Doctorate Course (P.h.D Course) in

_____ XXXVII CYCLE

REQUESTS

❑ The bank transfer of the PhD scholarship on his/her bank account at the Bank Institute
……
(exact name of the bank institute, specify if Head office or branch and include complete address)

IBAN BANK DETAILS																									

Swift code:_____

Place…… Date……..

SIGNATURE_____