



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

REQUEST FOR THE RELEASE OF THE ORIGINAL DIPLOMA

Duty stamp
€ 16,00

To the Rector
University of L'Aquila
Palazzo Camponeschi
Piazza Santa Margherita, 2
67100 L'AQUILA

The undersigned _____

Born in _____ Province _____ on ____/____/____

Citizenship _____ Resident in _____

Province _____ Postal Code _____ Address _____ n. _____

Phone number _____ E-mail address _____

Matriculation number _____

REQUEST FOR

the issuance of the Original Diploma for the Ph.D. Degree in

_____ Curriculum _____ Cycle _____

Conferred on ____/____/____

With honours

Without honours

DECLARES

- 1) to be informed that the amount of € 66,00 (€ 50,00 for the parchment contribution + € 16,00 for the stamp duty) must be **paid** through **PagoPA**, accessible in the Virtual Secretary (<https://segreteriavirtuale.univaq.it>) and that the undersigned will receive an e-mail from Ph.D. Office when the fee has been uploaded;
- 2) to be informed that the Diploma (parchment) can be collected personally or by a delegated person, who has to show the proxy to the Ph.D. Office, upon request for an appointment to be made by sending an email to dot@strutture.univaq.it;
- 3) to be informed that for the **shipment** of the Diploma to your residence/domicile, it is required the payment of € 25,82 and that amount must be **paid** through **PagoPA**, accessible in the Virtual Secretary (<https://segreteriavirtuale.univaq.it>) and that the undersigned will receive an e-mail from Ph.D. Office when the fee has been uploaded;



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The shipping of the Diploma at the following address:

Surname and name _____

Address _____ Postal Code _____

City _____ Province _____ State _____

Place and date _____

(Full and legible signature)

The undersigned declares to have read the information published on the University website at <https://www.univaq.it/section.php?id=573> concerning the processing of personal data, collected by the University of L'Aquila for the management of the Ph.D. course, and to be fully aware that personal data will be treated in the manner and for the purposes described therein in compliance with EU Regulation 679/2016 (GDPR) and Legislative Decree 196 / 2003 and subsequent amendments.

Place and date _____

(Full and legible signature)

ATTACH A COPY OF A VALID IDENTITY DOCUMENT