FORM TO WITHDRAW FROM DOCTORAL STUDIES OR RELINQUISH SCHOLARSHIP

Send to dottorati@amm.units.it

To the attention of the Rector

The undersigned

Surname		Nan	ne		
Born on	in			Resident in the council of	of
day month year]				
Address					House number
Enrolled for the academic year to the research doctorate in					cycle
□ holding a scholarship □ not holding a scholarship					
REQUESTS					
The intermedian of a concernent of	h :- //	- I	41 - 4 41		
☐ the interruption of payment of for the following reason (need	ed for statistical purp	olarship as from poses):	, aware that this	request is irrevocable (no star	mp duty necessary),
□ the temporary suspension from					
amount that is not paid shall be assigned to the University budget) (no stamp duty necessary);					
to withdraw from his/her doctoral studies as from , aware that his request is irrevocable and entails the cancellation of the studies achieved so far (stamp duty must be placed), for the following reason (needed for statistical purposes):					
 attendance of another PhD course at the University of Trieste 					
• attendance of a PhD course at another institution					
 o other job opportunities o other reasons (please specify) 					
	hease speeny)				
I STATE THAT MY PERSONAL INCOME					
□ exceeds * □ does NOT exceed					
the limit for the fiscal year					
The undersigned attaches a ba parties.	ack-to-front photocop	py of a valid ID doci	ument with photograph, only	y if the form is sent by email o	or handed in by third
PLACE	day mo	onth year		STUDENT'S HANDWRITTEN	N SIGNATURE
Place	day	opth year		SIGNATURE OF THE COOR	
Fidue	day mo	onth year		or supervisor /co-supervisor ((digital or handwritten)	
				·	
* In the event that the income exce	eeds the mentioned	limit the Phd studer	t has to pay back the releva	ant scholarshin installmente ne	ertaining to the fiscal
year in which the income was exce			Thas to pay back the releve		staning to the hood
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