

FORM TO WITHDRAW FROM ENROLMENT OR RELINQUISH SCHOLARSHIP

Send an email to dottorati@amm.units.it

To the attention of the Rector

I, the undersigned,

Surname

Name

Date of birth

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of birth

Province (if any)

Permanent residence (city or town)

Province (if any)

Permanent address

Street number

Landline number

Mobile phone number

Having been selected for admission to PhD in

REQUEST

- to relinquish my doctoral scholarship, aware that this request is irrevocable;
N.B. the candidate must verify that places with no scholarship are available in the PhD Programme
- to withdraw from enrolment, aware that this request is irrevocable.

Should the form is sent by post or handed in by a third party, proof of the validity of the student's signature must be provided by attaching a back to front photocopy of the student's valid ID document.

PLACE

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

day month year

STUDENT'S HANDWRITTEN SIGNATURE