



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

WITHDRAWAL FROM PH.D. COURSE

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 _____
Postal Code _____ Province _____
Address _____ n. _____ - ____
Matriculation number _____

DECLARES

to ***withdraw*** from the Ph.D. course in _____

Cycle _____

The withdrawal starts from ____/____/____

For the following reason:

- Incompatibility with work activity**
- Acceptance at another university**
- Lack of scholarship or other fundings**
- Other** _____

Furthermore, the undersigned declares to be aware that such renunciation **is irrevocable** and fully understand that, as a result, the enrollment in the Doctoral Research Program is extinguished. Consequently, the undersigned acknowledges that he/she will not be able to assert any rights related to the previous enrollment in the future.

Place and date _____

(Full and legible signature)

ATTACH A COPY OF A VALID IDENTITY DOCUMENT