UNIVERSITÀ DEGLI STUDI DELL'AQUILA

To the Rector
University of L'Aquila
Palazzo Camponeschi
Piazza Santa Margherita, 2
7100 L'AQUILA

OBJECT: Ph.D. course in _____ **- _____ cycle.**
Request for Ph.D. interruption pursuant to art. 15 of the Regulation of the Ph.D. Courses at the University of L'Aquila (maternity/paternity/adoption/custody – illness/injury – military service/civil service – TFA - serious documented personal reasons *)

The undersigned _____

Born in _____ Province _____ on ____/_____/_____

Fiscal code _____ Resident in _____

Province _____ Postal Code _____ Address _____

Telephone number + _____ e-mail address _____

Regularly enrolled in his /her 1st / 2nd / 3rd year of Ph.D. course in

_____ - Cycle _____

REQUESTS

□ to interrupt the attendance of the Ph.D. course due to **maternity**, pursuant to art.15, paragraph 14 of the Regulation of the Ph.D. Courses at the University of L'Aquila, starting from ____/____/_____, considering that the expected due date is ____/____/_____

or

starting from ____/____/_____, as stated in the attached medical certificate

□ to interrupt the attendance of the Ph.D. course for **paternity/adoption/custody**, pursuant to art. 15, paragraph 14 of the Regulation of the Ph.D. Courses at the University of L'Aquila, for __ ___ months starting from ____/____/_____.

□ to interrupt the attendance of the Ph.D. course from ____/____/_____ to ____/____/_____, **or** for _____ months starting from ____/____/_____, for the following reasons (pursuant to article 15, paragraph 13 of the Regulation of the Ph.D. Courses at the University of L'Aquila):

a) _____

b) _____

c) _____

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* Delete the unsuitable options

ATTACH THE FOLLOWING DOCUMENTS:

□ Medical certificate;

□ Resolution of Academic Board (only in case of serious documented personal reasons interruption)

□ Copy of a valid identity document.

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)