

Affix a €16 Stamp Duty

To the kind attention of
Alma Mater Studiorum - Università di Bologna
AFORM Area Formazione e Dottorato - Settore Dottorato di ricerca
email: aform.udottricerca@unibo.it

WITHDRAWAL FROM A PHD PROGRAMME

I, the undersigned,

Surname and Name: _____

Enrollment (Matricola) n.: _____ Mobile phone: _____

DECLARE

- to withdraw from the PhD Programme in _____
starting from the date _____, for the following reason:
- different opportunities/ job offers;
 - enrolment to a different PhD programme in another University
 - other: _____
- to be aware that such withdrawal is irrevocable,
- to be aware that any scholarship payment received after the official withdrawal date must be refunded according to the procedure and deadlines provided by the University, as stated in the PhD Programme Regulation.

Date

Signature

The last day of scholarship payment will be the one before the official withdrawal date indicated on this declaration.

Please note: This request must be sent to aform.udottricerca@unibo.it, from an official institutional e-mail address (@studio.unibo.it or @unibo.it). The original document must be sent to the PhD Unit by post or hand-delivered in the public opening hours.

