

**LEAVE OF ABSENCE
TO BE SUBMITTED AFTER THE LEAVE**

*This form must be filled in, printed out, signed and sent to the PhD Office.
If you complete it by hand, please write legibly in block capitals.*

Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca
dottorati@amm.units.it - fax +39040 558 3008

I, the undersigned

Surname

Name

holding a scholarship

not holding a scholarship

regularly enrolled in the Doctoral course in

ciclo

first year

second year

third year

repeat year

resuming attendance

following a period of leave

from

day month year

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to

day month year

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for reasons of (*tick one of the following*):

O1 Pregnancy/maternity

O2 Parental leave (D.Lgs 151/2001, art. 32) for up to three months in the first year of the baby's life).

O3 Serious health problems

O4 Serious family problems, following approval of the Academic Board.

O5 Other, following approval of the Academic Board.

HEREBY STATE THAT

I resumed attendance of the doctoral course on (day/month/year)

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NOTE: scholarships (if any) will be granted from the same date.

COMMENTS (if any)

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Place

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day month year

HANDWRITTEN SIGNATURE OF THE PhD STUDENT

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The PhD Coordinator hereby confirms that the PhD student resumed attendance on the above date.

Place

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day month year

HANDWRITTEN SIGNATURE OF THE COORDINATOR
(copy-pasted signatures are not deemed valid)