

FORM TO WITHDRAW FROM ENROLMENT OR RELINQUISH SCHOLARSHIP

To the attention of the Rector

Università degli Studi di Trieste

P.le Europa, 1

34127 – TRIESTE

Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca – email dottorati@amm.units.it

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

HANDWRITTEN SIGNATURE