FORM TO WITHDRAW FROM DOCTORAL STUDIES 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 dottorati @amm.units.it

STAMP DUTY OF EURO 16.00 TO BE PLACE HERE ONLY BY STUDENTS WHO WITHDRAW FROM STUDIES (*)

I, the undersigned					
Surname				Name	
Date of birth Place of birth				Permanent residence (city or town)	
Permanent address	Street number				
Enrolled for the academic year	cycle				
<u> </u>		O hol	lding a so	cholarship O not holding a scholarshi	ip
			_	REQUEST	•
			•		
the interruption of payment of my doctoral scholarship as from , aware that this request is irrevocable (no stamp of the following reason (needed for statistical purposes):					
the temporary suspension from		to		of payment of doctoral scholarship beca	ause holder of another scholarship (Note:
the amount that is not paid shall	ll be assigned t		-	et) (no stamp duty necessary);	
to withdraw from my doctoral s achieved so far (stamp duty mu		*), for the fol	, llowing re	aware that this request is irrevocable and eason (needed for statistical purposes):	entails the cancellation of the studies
attendance of anothe			_		
attendance of a PhD			-	3510	
other job opportunitie					
other reasons (please	e specify)				
The undersigned attaches a beginning parties.	oack-to-front ph	notocopy of a	a valid ID	document with photograph, only if the form	m is sent by email or handed in by third
Γ	1				
PLACE	day	month	year	ST	TUDENT'S HANDWRITTEN SIGNATURE (**)
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Place	day	month	year	HANDWRI	ITTEN SIGNATURE OF THE COORDINATOR
				(сору-р	pasted signatures are not deemed valid)
(**)The signature must be placed doctoral studies cannot send the control of the				form is sent by email or handed in by third tamp must be provided.	parties. Students who withdraw from