



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

FORM FOR WITHDRAWAL FROM ENROLLMENT IN THE PH.D. PROGRAM

**To the Rector
University of L'Aquila
Palazzo Camponeschi
Piazza Santa Margherita, 2
67100 L'AQUILA**

The undersigned _____
Born in _____ Province _____ on ____/____/_____
Citizen _____ Resident in _____ Postal Code _____
Province _____ Address _____
winner of the competition for admission to the Ph.D. Course in
_____ - Cycle _____

DECLARES

That he/she doesn't intend to enrol in the aforementioned Ph.D. Course for the following reason:

- Incompatibility with work activity**
- Acceptance at another university**
- Lack of scholarship or other funding**
- Other** _____

Furthermore, the undersigned declares to be aware that such renunciation **is irrevocable** and fully understand that, as a result, the right to the position for which they emerged as the winner is extinguished. Consequently, they acknowledge that they will not be able to assert any rights related to the admission competition for the Doctoral Program in the future.

Place and date _____

(Full and legible signature)

ATTACH A COPY OF A VALID IDENTITY DOCUMENT