



UNIVERSITÀ DEGLI STUDI DELL'AQUILA

MODULE FOR REJECTING THE SCHOLARSHIP FOR THE ENTIRE THREE-YEAR PERIOD

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

PH.D. COURSE IN

Cycle _____

The undersigned _____

Born in _____ Province _____ on ____/____/____

Resident in _____ Postal Code _____ Province _____

Address _____

DECLARES

to *waive to the Ph.D. scholarship for the entire duration of the Ph.D. course* for the following reasons:

He/she declares to be aware that the present waiver is **permanent** and also to be fully aware that after this waiver the right to benefit from the scholarship is extinguished.

Place and date _____

(Full and legible signature)

ATTACH A COPY OF A VALID IDENTITY DOCUMENT