



**UNIVERSITÀ DEGLI STUDI DELL'AQUILA**  
**MODULE FOR REJECTING THE SCHOLARSHIP FOR ONE YEAR**

**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 academic year 202\_/202\_* for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Place and date \_\_\_\_\_

\_\_\_\_\_  
(Full and legible signature)

**ATTACH A COPY OF A VALID IDENTITY DOCUMENT**