

UNIVERSITÀ DEGLI STUDI GUGLIELMO MARCONI

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To the Thesis Director

Prof. _____

To the Coordinator
To the Doctoral College
of the Doctoral Programme in

To the Head
of the Doctoral Research Office
Università degli Studi "Guglielmo Marconi"

The undersigned

Born in _____ Province (____) on _____

Resident in _____ Province (____) Address _____

Enrolled in year _____ of the Doctoral Programme in _____
_____ Cycle _____

H E R E B Y R E Q U E S T S

an extension of _____ months (up to a maximum of 12) for the deposit of the doctoral thesis,
for the following reason:

The undersigned confirms that they **have / have not** already made use of _____ months of
extension for the deposit of the doctoral thesis.

Place and date

Signature

This form must be sent by e-mail to: dottoratidiricerca@unimarconi.it, together with a valid identity document.

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