

UNIVERSITÀ DEGLI STUDI GUGLIELMO MARCONI

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Tax Code and VAT No.: 07154361005

To the Rector
Università degli Studi "Guglielmo Marconi"
Via Plinio, 44
00193 – R O M E

To the Coordinator of the Doctoral Programme in

The undersigned

Born in _____ Province (____) on _____

Resident in _____ Province (____) Address _____

Enrolled in year _____ of the Doctoral Programme in _____

Cycle _____

DECLARES WITHDRAWAL FROM THE DOCTORAL PROGRAMME

with effect from _____ and acknowledges that this withdrawal is irrevocable and entails the total termination of the academic record accrued and of all rights derived from passing the admission competition.

The grounds for withdrawal are:

The undersigned acknowledges that fees already paid will not be refunded under any circumstances.

A copy of an identity document is enclosed herewith.

Place and date _____

Signature

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