

NOTIFICATION OF WITHDRAWAL FROM STUDIES

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Agency – Provincial
Directorate of Modena -
Modena Territorial Office
no. 77000 of 26/10/2015*

**To the Rector
of the University of
Modena and Reggio Emilia**

I, the undersigned _____
born in _____ on ____/____/____
mobile phone _____ e-mail _____
enrolled in the PhD Programme in _____
at the University of Modena and Reggio Emilia.

DECLARE THAT I WISH TO WITHDRAW FROM STUDIES

starting from _____ (dd/mm/yyyy – mandatory data).

The undersigned acknowledges that the withdrawal is irrevocable, as stated in the laws on university education.

Modena/Reggio Emilia, ____/____/____

(Signature)

Please, attach a copy of an identity document.