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

HEREBY DECLARE THAT I WAIVE

the **scholarship** for the aforementioned PhD Programme, starting from _____ (dd/mm/yyyy – mandatory data).

The undersigned acknowledges that the scholarship is paid up to the last day of the month preceding the date indicated above.

_____
Place and date

_____
Signature

Please attach a copy of an identity document