



WITHDRAWAL FROM PHD COURSE
TO THE RECTOR OF THE UNIVERSITY OF GENOA

I (student n.) born in
..... (State.....) on enrolled in the year of the PhD
course in.....
curriculum.....
cycle, grant holder YES NO

hereby declare to WITHDRAW from the abovementioned PhD course for the following reason:
.....
From (date)

I am aware that (only for grant holders):
- I am entitled to receive the proportional amount of scholarship if the Teaching Board certifies that I have regularly and fruitfully carried on research activity until the day of withdrawal.

In addition, I am aware of the **irrevocability** of the withdrawal and of the **impossibility** of resuming the academic career started in this University – except for academic qualifications already awarded– which **shall have no effect** whatsoever (as per the State Council's opinion expressed during the General Meeting held on 26.5.1966, n. 1655).
The withdrawal will lead to the extinction of the University Career already covered and to the annulment of any exam taken.

.....
(date)

.....
(signature)

*ID document:.....
(to be filled in by the Office staff)*