

DISCONTINUANCE OF STUDIES

TO THE RECTOR

I, the undersigned _____

born in _____ in the province of _____ on _____

enrolled at this University in the research doctorate programme in _____,

expressly DECLARE that I wish to **discontinue my university studies** pursuant to article 149 of the Consolidated Law on Higher Education. I am aware that discontinuance is IRREVOCABLE and will cancel my studies from the record. Accordingly, I request you to return the original of my secondary school leaving qualification in the following manner:

in person Date and signature _____

through a person authorised on my behalf Date and signature of representative _____

by sending it to the following address:

City _____ Province _____

Street _____ no. _____ Post Code _____ Telephone _____

exonerating the University from any responsibility should the document get lost/damaged in the post and declaring that I have provided the above data in accordance with Law No. 127/97.

I never lodged the original of my school leaving certificate with your offices.

To that end I enclose my university badge (*tesserino di riconoscimento*) with this application.

I further declare that have provided the above data in accordance with Law No. 127/97.

Place and Date, _____

Signature _____