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STUDENT NUMBER

APPLICATION TO WITHDRAW FROM STUDIES

THE UNDERSIGNED

surname and name _____ born on ___ / ___ / ___ in
 _____ () country _____ Institutional e-mail address _____
 resident at street/square _____ n. _____ district/locality _____
 municipality _____ () postcode _____ mobile _____
 domicile (indicate only if different from residence) at _____ street/square _____ n. _____
 municipality _____ () C.A.P. _____

DECLARES

intention to withdraw from the course of study undertaken at this University

FURTHER DECLARES

- to be aware that this withdrawal is irrevocable and entails the cancellation of enrolment, of courses attended and of examinations passed, as well as the inability to claim any benefits associated with the previous legal status – which has been abandoned and is legally invalid – in the event of re-enrolment on the same or another degree or diploma course at this University or any other higher education institution;
- to have paid the fee of €116,00 including the administrative charge for withdrawal from studies and the stamp duty paid electronically.

(date)

(signature)

Attachments:

student record book/student ID card

POLICY ON THE PROCESSING OF PERSONAL DATA

Data will be processed in accordance with EU Regulation 2016/679 concerning the protection of individuals with regard to the processing of personal data, and D. Leg. 196/2003 and ss.mm.ii. All information regarding the processing carried out and the exercise of the rights of data subjects on the protection of personal data can be found on the University

https://www.unifi.it/sites/default/files/2025-10/informativa_studenti_ott_2025.pdf .

(signature for acknowledgment)