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WITHDRAWAL PhD PROGRAMME FORM

TO THE RECTOR
OF THE UNIVERSITY OF FLORENCE
Area Servizi alla Didattica
Dottorato di ricerca
Via Gino Capponi, 9 – 50121 Firenze

I, The undersigned (family name) _____

(first name) _____

place of birth_____ date of birth _____

Country _____ State _____

selected for a Ph.D. position in the competition for the admission to the Doctoral Programme in _____ cycle XLII

Curriculum in _____

DECLARE

☐ **to renounce the enrollment** in the Doctoral Programme for the following reasons:

_____

_____

_____

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(Date) *(Signature)*

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