This form has to be sent (filled and signed) by e-mail with a copy of your Identification Document to dottorato@unifi.it

WITHDRAWAL RANKING 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 standard position ranking**

☐ **to renounce the position with specific research topic ranking:**

_____

_____

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_____ _____

(Date) *(Signature)*

Attachment: Copy of Identity Document