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

SCHOLARSHIP WITHDRAWAL FORM

TO THE RECTOR
OF THE UNIVERSITY OF FLORENCE
Area Servizi alla Didattica
Dottorato di ricerca
Piazza San Marco, 4 – 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 _____

REQUEST

☐ To be enrolled waiving the scholarship

_____ _____

(Date) *(Signature)*