



WITHDRAWAL FROM ENROLMENT

42nd CYCLE – A.Y. 2026/27

Please e-mail to dottorati@amm.units.it

I, the undersigned

Surname

Name

Date of birth

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Place of birth

Country

Admitted to the PhD in (enter name of the Doctoral Programme)

HEREBY DECLARE

to decline enrolment on the Doctoral Programme, aware that withdrawal is irrevocable.

I attach the following document:

- **photocopy of a valid ID document**

PLACE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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day

month

year

HANDWRITTEN SIGNATURE