

WITHDRAWAL REQUEST FORM (Post Graduate School)

To the Managing Director of the Student Registrar and "Right to an Education" Division

| I, the undersigned | | | |
|--------------------------------------|----------------|---------------|---|
| Surname | Name | | e |
| Matriculation No | Place of birth | | |
| Date of birth | perma | inent address | |
| | | | , Postal code |
| Mobile phone | | _ | |
| Enrolled for the Academic Year in | | on the | year of study of the Postgraduate schoo |
| | | | |

REQUEST

To withdraw from the studies as from______ and declare to be aware that withdrawal is irrevocable.

From the same date I also renounce to the specialist training contract.

Aware of the criminal penalties provided for in the Penal Code and the relevant special laws in the case of false statements, creation and use of false acts, I declare I am not to in possession of books or other material belonging to the Faculty Libraries or University Departments.

Milano/...../....../

the applicant

.....

(legible signature)

WITHDRAWAL REGULATION

To withdraw and obtain any certification, it is compulsory to be up to date with the payments of the university fees, including those related to the last year of enrolment.

The second instalment payment will not be due if the withdrawal request is submitted by the second instalment deadline and the applicant has not passed or registered to any exam.