



UNIVERSITÀ DEGLI STUDI DI MILANO

*Please put here a REVENUE STAMP  
(marca da bollo, euro 16)  
To be provided by the PhD student*

To the Managing Director of the Student Registrar and “Right To an Education” Division of Università degli Studi di Milano

I, the undersigned.....

Matriculation Nr.....

Born on ..... in .....

Enrolled for the Academic year ..... on the.....year of study of the PhD in  
.....cycle .....

**Require to return to studies**

with effect from ..... , after voluntary suspension due to the following  
reason: .....

.....  
(Place and date)

.....  
(signature)

.....  
(the Coordinator)