



**REQUEST FOR SUSPENSION OF POSTGRADUATE SCHOOL STUDIES**

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

I, the undersigned  
(Surname) \_\_\_\_\_ (Name) \_\_\_\_\_  
Matriculation no. \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_\_  
Address \_\_\_\_\_ city \_\_\_\_\_  
ZIP code \_\_\_\_\_ country \_\_\_\_\_ mobile phone \_\_\_\_\_  
enrolled in the \_\_\_\_\_ year of the Postgraduate School in \_\_\_\_\_  
\_\_\_\_\_

at the University of Milan, hereby declare to suspend the studies starting from (dd/mm/yyyy) \_\_\_\_\_ for the following reason:

Pregnancy (medical certificate attached)  
 Enrolment to the PhD course in \_\_\_\_\_ (self-certificate attached)

Milano, \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(readable signature in full)