



Ufficio Segreteria Dottorati di Ricerca,  
Master, Corsi di Perfezionamento  
Via S. Sofia, 9/1  
20122 Milano

To the Rector of the State University of Milan

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)

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