



SUSPENSION OF STATUS REQUEST FORM

The undersigned _____

date of birth _____ place of birth _____

student n° _____ phone/cell. _____

e-mail _____

enrolled in PhD programme in _____

Holder of a Scholarship: yes; no

REQUESTS

a suspension from their PhD programme for _____ months for one of the following reasons:

- maternity, paternity, adoption or foster-care leave (the request may be submitted by the interested party within the child's first birthday);
 - contextually REQUESTS the flat-rate financial parenting support, to integrate the INPS maternity leave allowance (5 months);
- serious and documented illness;
- enrolment in initial teacher training courses;
- other reason, related to serious and/or documented personal motivations (upon authorization of the Teaching Committee).

Date, _____

(signature)

Please Note:

The form has to be scanned and mailed to the Offices in the heading, attaching:

- the copy of an ID document;
- the payment receipt of a € 16.00 revenue stamp (marca da bollo) - [online payment here](#)

It is recommended to send a single PDF attachment: to merge the documents, online services like www.ilovepdf.com can be used.

Personal Data Handling

Pursuant to article 13 of Italian Legislative Decree No 196/03 notice is given that the holder of the provided data processing is Ca' Foscari University of Venice. Personal data are acquired and processed by the university exclusively for institutional purposes; non-compliance in providing personal data could lead to the university being unable to perform any or all necessary administrative procedures regarding student careers. All individual rights as specified in article 7 of the Legislative Decree No 196/03 will be respected.