



WITHDRAWAL FROM THE DOCTORATE COURSE

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

DECLARES

- To withdraw from the course of Research Doctorate, and to be aware that the above-mentioned withdrawal is irrevocable.
- To be aware that, if eligible or winner of the Regional scholarship, the renunciation of the PhD during the year involves the loss of the related benefits, the recalculation of the taxes and the payment of the difference, as well as the refund (if winner) of the amount received from the Regional scholarship

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.