**THIS FORM HAS BEEN DRAFTED FOR THE SOLE PURPOSES OF UNDERSTANDING OF NON-ITALIAN SPEAKING STUDENTS – THE OFFICIAL FORM TO BE USED SHALL BE THE ONE IN ITALIAN LANGUAGE**

Attn. To the Chancellor

University of Brescia

To the PhD Office

To the PhD Programme Coordinator

**Request to suspend the PhD Course for justified reasons pursuant to Article 15 paragraph 2 letter C of UNIBS PhD Regulations, issued by Chancellor’s Decree n. 294, Index 153432 dated March 29th, 2022**

# (STATEMENT IN LIEU OF A NOTARIAL ACT AND CERTIFICATE)

# (articles 46-47 of Italian Presidential Decree no. 445 of 28.12.00 and amendments thereof)

The undersigned(*surname and name*)…………………………………………………………..born in…...........................…………..on……………………..………citizenship……………………………

enrolled in the………………academic year – Cycle …………. of the PhD Programme in:

….………………………..…………………………………………………………………………….

with administrative offices at this University,

* Benefitting of a PhD scholarship
* Not benefitting of a PhD scholarship

# TO THAT END DECLARES

to be placed on leave for serious family reasons from the date………………. until (exact date)………………………… (comprehensive of no. …………months) and, if beneficiary of a PhD scholarship to suspend the benefit of that said scholarship from the same date of intermitting of the PhD Programme

Attachments:

* Copy of a valid ID document / passport;
* Medical documents

Place/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name and Signature of the declarant

**Notice**: *The student retains the rights to any scholarship to be suspended during the suspension period and to be resumed*

 *when the student returns*

 *Form to be sent to UniBS certified e-mail address* *ammcentr@cert.unibs.it* *even from a PhD student not certified email*

 *address*