Al Magnifico Rettore / To the Rector

**Università degli Studi di Brescia, Italy**

PEC: ammcentr@cert.unibs.it

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**

1. **SUBSTITUTE DECLARATION OF NOTARIAL DEED**
2. (Pursuant to Art. 47 of the Italian Presidential Decree no. 445 of 28th December 2000)

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 REQUESTS

to be placed on leave for justified reasons / illness from the date ………………. until (exact date) ……………. (comprehensive of n. ……….. months) due to (motivate)………………………………., 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 (when suspending due to medical reasons)

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 re-starts the activities*