Al Magnifico Rettore

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**WAIVER TO ENROL IN THE PhD PROGRAMME OR TO BENEFIT THE PhD SCHOLARSHIP BUT PURSUING HIS/HER STUDIES**

## I (SURNAME AND NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**resident in** (address) City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PhD Student having**

**□** a position with a scholarship

 **□** a position without a scholarship

**DECLARE**

□ **to waive the benefit of PhD scholarship**

**OR**

□ **to waive the request of a period of deferment already submitted and pursue the PhD Programme activity;**

**OR**

□ **to waive the PhD Programme activity**

of the Ph.D Programme in

………………. ………………………………………………………………………

**From the date of**:…………………………………………..

I am aware that this waiver is irrevocable.

Place and date IN WITNESS WHEREOF

(name/surname and signature)\*

(\*) The **Signed Application Form** (handwritten or digital signature) must be accompanied by a photocopy of the front and back of a suitable identity document.