



## **FORM TO WITHDRAW FROM DOCTORAL STUDIES**

STAMP  
DUTY OF  
€ 16,00

**TO THE RECTOR  
UNIVERSITY "G. d'ANNUNZIO"  
CHIETI-PESCARA**

**The undersigned** (*Name and Surname*) \_\_\_\_\_

Born in (*Town, Country*) \_\_\_\_\_

on (*Date of Birth*) \_\_\_\_\_

Resident in (*Town, Country*) \_\_\_\_\_

Address \_\_\_\_\_ nr. \_\_\_\_\_

Zip Code \_\_\_\_\_

Enrolled for the year \_\_\_\_\_ at this University in the Ph.D. Program in  
\_\_\_\_\_ ( \_\_\_\_\_ Cycle),

### **DECLARES**

To withdraw from his/her Ph.D Program as from (*please write the exact date*)  
\_\_\_\_\_, aware that his/her withdrawal is irrevocable and entails the  
cancellation of the studies achieved so far.

Declares that for the current year I was a scholarship holder as I did not exceed the expected annual  
income of €16.000,00.

In case of exceeding this income, is aware of having to return to the University the amount of the  
sum received for the current year.

### **ATTACHES**

1. Research Activity register
2. Payment of €50.00 via pagoPA you may collect it at the front office of the Scuola Superiore di Dottorato or download it from your personal page.

(*Place*) \_\_\_\_\_, (*Date*) \_\_\_\_\_

\_\_\_\_\_  
(*Student's Signature*)