



FORM TO WITHDRAW FROM DOCTORAL SCHOLARSHIP

STAMP
€ 16,00

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

I, the undersigned (*Name and Surname*) _____
Born in (*Town, Country*) _____
on (*Date of Birth*) _____
Resident in (*Town, Country*) _____
Address _____ nr. _____
Zip Code _____ Tel _____ enrolled for the academic year
_____ at this University in the PhD Program in _____
(/Cycle _____) type of scholarship _____

DECLARES

- To withdraw from the Ph.D scholarship as from (*please write the exact date*) _____, for the following reason _____.
- to have been a scholarship holder for the current year as he/she did not exceed the expected annual income of €16.000,00, in case of exceeding this income, he/she is aware of having to return to the University the amount of the sum received for the current year.

ASKS:

To the Doctoral School Committee to continue the PhD course without scholarship.

Place and date _____,

SIGNATURE
