

Stamp duty
according to
value in force
in Italy

To the Rector
of the University of Calabria
Via Pietro Bucci
87036 Arcavacata di Rende (CS)

Subject: Waiver of registration during the enrollment phase.

I the undersigned _____, place of birth _____, date
of birth (dd/mm/yyyy) ____/____/____, tel. _____, e-mail
_____@_____, mob. _____,

DECLARE

to renounce the PhD position assigned in the ranking of the PhD admission competition to the ____ cycle
of the PhD course in _____.

I also declare to be aware that with this spontaneous and irrevocable renunciation, the undersigned will be
canceled from the aforementioned ranking, without the possibility of requesting reinstatement.

Place and date of compilation: _____

(legible signature)

NOTE:

The present form of request must be sent to the e-mail address: dottorati@unical.it, accompanied by a copy of a valid identity document.