**THE MAGNIFICENT RECTOR UNIVERSITY OF SALENTO**

[**amministrazione.centrale@cert-unile.it**](mailto:amministrazione.centrale@cert-unile.it)

**FORM FOR RENOUNCEMENT OF COURSE ATTENDANCE**

**Surname**

**NAME**

**TAX CODE**

**PLACE OF BIRTH**

**PROVINCE COUNTRY**

**DATE OF BIRTH / / SEX M F**

**RESIDENCE:**

**ADDRESS**

**LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSE NUMBER**

**PROVINCE \_\_\_\_\_\_**

**Postcode COUNTRY**

**PHONE**  **CELL.**

**HEREBY INFORMS**

that he/she renounces to his / her enroment on the PhD Couse in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that he / she renounces the scholarship (if he / she is a beneficiary) starting from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned acknowledges that this waiver is irrevocable and that he will not be able in the future to revive his position as winner of the competition for admission to the above-mentioned PhD.

Date

The declarant

Signature