Discontinuance of studies

To the Rector Magnificus

of Luiss Guido Carli

|  |  |
| --- | --- |
| I, the undersigned (Surname and Name) |  |
| Born in |  |
| In the province of |  |
| On (date)  |  |
| Enrolled at this University in the research Doctorate Program in |  |
| Starting from the date |  |
| Till the date  |  |

expressly DECLARE that I wish to **discontinue my University studies** pursuant to article 149 of the Consolidated Law on Higher Education. I am aware that discontinuance is **IRREVOCABLE** and will cancel my studies from the record. Accordingly, I ask you to return the original secondary school diploma that I submitted to your office in the following manner:

[ ]  in person

|  |  |
| --- | --- |
| Date | Signature |

 ­

[ ]  through a person authorised on my behalf

|  |  |
| --- | --- |
| Date | Signature |

[ ]  by shipping it to the following address:

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no.\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_

I absolve the University from all responsibility for any loss or damage and I declare that I have provided the aforementioned information in accordance with the Decree of the President of the Republic no. 445 of December 28, 2000.

[ ]  I never lodged my original secondary school diploma to your office.

With this form, I include a copy of my identification document (front and back) and I also declare that I have provided the above information in accordance with the Decree of the President of the Republic no. 445 of December 28, 2000.

|  |  |
| --- | --- |
| Date | Signature |