**THE MAGNIFICENT RECTOR UNIVERSITY OF SALENTO**

**amministrazione.centrale@cert-unile.it**

**FORM FOR RENOUNCEMENT OF A DOCTORAL SCHOLARSHIP**

**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 his / her scholarship starting from** tocontinue to regularly attend the PhD course.

but he / she undertakes

The undersigned acknowledges that this waiver is irrevocable and that he will not be able in the future to revive his position.

Date

The declarant

Signature