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| Personal information |
| ID or passport no.      | Surname(s)      | Name      |
| Address *(street or square, no., floor, door)*      |
| Post code      | City/Town      | Telephone(s)      |
| E-mail address      |

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| Current studies enrolled in |
| Year       |
| Doctoral programme       |

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| **I STATE:**That I do not wish to be listed as a student in the doctoral programme detailed below.Reasons:       |

And therefore

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| **I REQUEST:** [ ]  My enrolment for academic year       to be cancelled (\*)[ ]  The permanent withdrawal from the doctoral programme |

|  |  |
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| Date and signature of the Chair of the Doctoral Programme's Academic Commission      | Date and applicant's signature      |

(\*) Pre-enrolment is required to regain access to the doctoral programme.