DECLARATION OF WITHDRAWAL FROM UNIVERSITY

THE RECTOR UNIVERSITY OF SIENA

Matriculation no.

I (name, surname)	
Born in	on
Italian tax code (Codice Fiscale)	
resident in (full address)	
	telephone
Enrolled for the academic year following degree programme :	. at this University on theyear of the
 First cycle degree (prior to D.M. 509/1999) First cycle degree (under DD.MM. 509/1999 & 270/2004) 	 Single long second cycle degree Second cycle degree
in	

DECLARE

Expressly and definitively that I wish to withdraw from the degree programme undertaken and that I am aware that this withdrawal is irrevocable and entails the cancellation of my university career to date.

To this end I enclose:

- Photocopy (all relevant pages) of my passport/personal identity card;
- o University exam booklet and magnetic card;
- Declaration that my University exam booklet has been misplaced, issued by the competent authority, or self-certification of misplacement of the University exam booklet.

Pursuant to arts. 46 & 47 of Presidential Decree 445/2000 and aware of the provisions of artt. 75 & 76 of the same decree concerning false representations, I

FURTHER DECLARE

- that I have respected my administrative obligations as laid down in the Regulations on University fees and contributions due for enrolment at the University of Siena;
- that I am aware that, if I withdraw from a study grant awarded by the ARDSU (Regional Agency for the Right to University Study) I will be required to pay the University fees for the relevant academic year;
- that I am not in possession of books or materials belonging to the University of Siena's library system.

IMPORTANT NOTE FOR NON-EU STUDENTS RESIDING ABROAD: This withdrawal implies that your residence permit for study will not be renewed.

Place....., date

Legible signature: