

**STUDY SUSPENSION**

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**SUSPENSION OF STUDIES REQUEST**

MAGNIFICO RETTORE  
SIENA UNIVERSITY

Student no. ....

NAME SURNAME.....  
PLACE OF BIRTH .....DATE OF BIRTH .....  
ITALIAN TAX CODE (Codice Fiscale).....  
ADDRESS .....  
.....POSTCODE.....  
TEL...../.....

ENROLLED IN ACADEMIC YEAR ..... / .....  
AT DEPARTMENT OF .....( UNIVERSITY OF SIENA)

ON THE .....YEAR OF THE FOLLOWING DEGREE PROGRAMME:

- FIRST CYCLE DEGREE (LAUREA) (PRE- D.M. 509/1999)
- FIRST CYCLE DEGREE (LAUREA) (POST- D.M. 509/1999)
- FIRST CYCLE DEGREE (LAUREA) (L. 270/2004)
- SECOND CYCLE DEGREE (LAUREA SPECIALISTICA) (ordinamenti ex D.M. 509/1999)
- LONG SINGLE CYCLE DEGREE (LAUREA MAGISTRALE A CICLO UNICO)
- SECOND CYCLE DEGREE (LAUREA MAGISTRALE) (L. 270/2004)

I hereby request the TEMPORARY SUSPENSION OF MY STUDIES according to the Course Regulations of The University of Siena for the following reason and for the following period:

- a) military service (for the period of service) or enrolment in Italian military school (until completion of courses);
- b) civil service (for academic year in which the period of service falls);
- c) hospitalisation for more than 3 consecutive months;
- d) maternity (for the academic year of delivery or following delivery);
- e) enrolment in another degree course or Master's course:

.....  
(specify course and university)

ENCLOSURES:

- photocopy front and back of identity card/passport;
- university exams booklet;
- certification demonstrating personal situation motivating this request.

I also enclose: .....  
(specify any other relevant documents such as medical certificates, self-certifications)

I undertake to apply to resume my studies on cessation of the reasons for this request.

I am aware that:

- I will have to modify my study plan if, on resumption, my choice of courses is no longer available;
- I will have to apply for transfer to another course if my present degree course is no longer available.

Signed (legible signature).....

Place ..... date .....