**SCHOLARSHIP WITHDRAWAL**

To the Rector

Ferrara University

I, the Undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

On (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARE**

**To withdraw** from the **granted Scholarship** for the academic year 2024/25\_\_ for the **Doctorate Course** in

**BECAUSE**

 I already benefitted from a Scholarship for the Ph.D. Course;

 I am granted an *Assegno di ricerca* (Italian Research grant);

 I am granted a Scholarship by the Italian Government or my home Government (if outside the EU).

 Other (please, specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date) (signature)

* I enclose a valid ID document