



**UNIVERSITÀ DEGLI STUDI
DELL'INSUBRIA**

ATTENDANCE RESUMPTION CERTIFICATE

**TO THE RECTOR
OF THE UNIVERSITY OF INSUBRIA**

MATRICULATION NO. _____

The undersigned.....
born in.....province
nation.....on.....
enrolled in the a.y.....
to.....
year of the.....
Cycle of the Doctoral Program in.....

DECLARES

**To have regularly resumed their attendance to the aforementioned Doctoral Program on
.....after the requested suspension period.**

Date

Signature

Signature of the Doctoral Program Coordinator

Organization Unit (UOR) name: Research and Internationalization Office
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