



MATERNITY LEAVE SUSPENSION REQUEST

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

MATRICULATION NO

The undersignedborn in.....
on..... enrolled in the a.y. to the year of Cycle of
the Doctoral Program.....

DECLARES

pursuant to the Regulations for Doctoral Programs and to the Legislative Decree no.
151/2001

To suspend the Doctoral Program for maternity leave

from to
(dd/mm/yyyy) (dd/mm/yyyy)

I also declare:

- Of being aware that the suspension entails the interruption of the scholarship and the subsequent continuation of the scholarship months and of the suspension period when attendance is resumed.
- To undertake to produce to the Research and Internationalization Office, also via mail, the birth certificate of the baby, to manage the suspension period.
- To undertake to produce to the Research and Internationalization Office, also via mail, the attendance resumption certificate countersigned by the Coordinator of the Doctoral Program, at the end of the suspension period requested.

The undersigned hereby attaches:

- ☐ Medical certificate which attests the pregnancy status and the presumed date of birth, for a suspension of 2 months before and 3 months after the date of birth.
- ☐ The medical certificates issued by the National Health Service or equivalent physician and the Occupational Health Physician which attest the pregnancy status, the presumed date of birth and that the option of suspension for the month before and the 4 months after the date of birth is not detrimental to the health of the mother and child, for a suspension of 1 month before and 4 months after the date of birth.

Date Signature