SCHOLARSHIP SUSPENSION / WITHDRAWAL REQUEST

To the Rector   **MATRICULATION NO** _____

The undersigned...

Born in .... on. ....enrolled in the a.y.

……………..…………........................... to the ....year of Cycle of the Doctoral

Program in ....

REQUESTS

☐ A suspension from attendance obligations from .... to ....

☐ A suspension of the scholarship from .... to...

☐ The withdrawal from the scholarship from ....

For the following reason:

☐ Parental leave

☐ Employment probationary period

☐ Sick leave

☐ Specific family situations

☐ Income bracket excess

The undersigned undertakes to produce to the Teaching Coordination and Ph.D. Office the attendance resumption certificate countersigned for acknowledgment by the Coordinator of the Doctoral Program, at the end of the suspension period requested.

Date ....   Signature ....

Date ....   Coordinator' signature for
                                                                                      acknowledgment..