

REQUEST TO GIVE UP THE PHD FELLOWSHIP

Trieste,

To the Director of SISSA

protocollo@sissa.it

The undersigned
born in on enrolled in the year
of the Ph.D course in ,
for the present academic year, asks to give up the fellowship payment starting from
.....

The undersigned also asks to resign from his/her Ph.D student position.

Yours sincerely,

.....

(signature)

In accordance with Italian D.Lgs 196/03 and the General Data Protection Regulation (EU) 2016/679, I hereby give permission to use my personal data for all matters connected to the procedure and for statistical purposes in full protection of my rights and confidentiality (see <https://www.sissa.it/privacy>).