

# REQUEST TO GIVE UP THE PHD FELLOWSHIP

Trieste, .....

To the Director of SISSA

[protocollo@sissa.it](mailto: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 retain the right to discuss his/her Ph.D thesis within the  
limits laid down in the Regulation of the Ph.D Courses of SISSA.

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>).