

LUISS



Stamp duty to be paid electronically* –
authorization no.
47242/2013

WITHDRAWAL/DISCONTINUANCE OF STUDIES

TO THE PROVOST

I, the undersigned _____
Student Identification No. _____ born in _____ (Province of _____)
on _____ enrolled at this University in the degree program in _____

expressly declare that I wish to withdraw from the university, pursuant to Article 149 of the Consolidated Law on Higher Education. I am aware that withdrawal is irrevocable and that the studies I have undertaken so far will be erased from the record. Accordingly, I ask that you return the original secondary school diploma that I submitted to your office. Type and method of delivery:

- pickup in person Date and signature _____
- pick up by a delegate Date and signature of the delegate _____
- mail to the following address:

City _____ Prov. _____

street _____ No. _____

Postal Code _____ telephone _____

I absolve the University from all responsibility for any loss or damage and I declare that I have provided the aforementioned information in accordance with the Decree of the President of the Republic no. 445 of December 28, 2000.

- I never submitted my original secondary school diploma to your office.

Date and signature _____

With this form, I include **a copy of my identification document (front and back)**, my **academic record booklet** and my **badge** (if I picked these up). I also declare that I have provided the above information in accordance with the Decree of the President of the Republic no. 445 of December 28, 2000.

Date _____

Signature _____

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