



eCAMPUS
UNIVERSITY



UNIVERSITÀ DEGLI STUDI
eCAMPUS
TELEMATICA - DM58/01/2004

Revenue Stamp
16,00 €

WITHDRAWAL FROM STUDIES

To the Magnificent Rector
of the eCampus University
Via Isimbardi ,10 – 22060 Novedrate (CO)

The undersigned

_____ matriculation number _____
(surname and name)

Born on ____ / ____ / ____ at _____ Province _____
(place of birth) (for the foreigners: Country)

RESIDENCE: Address _____ tel. _____

City/town of Residence _____ postcode _____

Province (for the foreigners: Country) _____ postcode _____

Cell number _____ Email _____

Matriculated in the Academic Year ____ / ____

Into the Master's Degree/Advanced training Course _____

STATES

To withdraw from the University studies.

To be aware that such renounce is irrevocable and extinguishes completely the student's academic career.

In order to perform the Withdrawal from Studies the student must be up to date with the payment of all the tuition fees, including those of the academic year currently underway.

Date _____

Signature _____