

To be sent to the Student Office via e-mail together with a copy of your personal ID

DROP OUT OF THE STUDY PROGRAMME

Academic Year _____

TO THE RECTOR OF THE FREE UNIVERSITY OF BOZEN-BOLZANO

I (name and surname) _____

born on _____ in _____ matriculation number _____

currently enrolled in the study programme _____

Faculty _____

ask

- to drop out of the study programme

and declare

- to be aware that the drop-out is irrevocable and that my enrolment and the exams taken will be cancelled;
- to be aware that no fees will be refunded;
- that I have no pending loans with the university library;
- that I have no pending procedures related to my study career at unibz, with the Autonomous Province of Bozen-Bolzano;
- that I am currently a unibz Student Representative in this university body _____
and to be aware that my election mandate expires herewith.

Date _____

(Signature)

The application require a 16 Euro duty stamp to be paid virtually. The Student Office will send you the payment slip for the duty stamp via e-mail.