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| logo BN | **Ripartizione didattica e servizi agli studenti**  **AREA POST LAUREA**  **Ufficio master e dottorati**  *master.dottorati@unisalento.it* | **Centro Congressi**  **Campus Ecotekne**  **S.P. 6, Lecce- Monteroni**  Tel. +39 832 – 9210 -9232-9238 - 9041 |

*Allegato* (Annex) 2)

**SUBJECT**: Request to cancel the application submitted by \_\_\_\_\_\_\_\_\_\_\_\_ for the PhD in “…….....................................................” – 36th cycle.

**To the person responsible for the admissions procedure**

The undersigned, born at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident in \_\_\_\_\_\_\_\_\_\_\_, tel. \_\_\_\_\_\_\_\_\_\_\_, email \_\_\_\_\_\_\_\_\_\_\_\_\_\_, having applied to participate in the competitive selection procedure for admission to the PhD Course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, approved by D.R (rector’s decree) and needing to replace documents what has been stated or attached

**REQUESTS**

that he or she is allowed to cancel the application, in accordance with the provisions of article 5 of the call for applications for the competitive selection procedure and in the manner specified therein, the application to participate in the competitive selection procedure in question already completed online.

Date Signature

N.B. A valid identity document must be attached to this form, to be completed according to the terms of article 5 of the call for applications for the competitive selection procedure.

This form must be sent to the registered email (PEC) address of the [amministrazione.centrale@cert-unile.it](mailto:amministrazione.centrale@cert-unile.it) within the deadline of the call for applications.