

SUSPENDING YOUR STUDIES APPLICATION FORM

To the Rector of the University of Padua		
I, the undersigned		_ Student ID
born in		on
phone:	email:	
enrolled in the academic year	in the:	
Bachelor's degree programme M	Aaster's degree programme	Single-cycle degree programme
Degree programme's name:		
declare that I am not under simultaneou	us enrolment in two degree p	orogrammes,
declare that I am aware of the con	nsequences pursuant to a	nd in accordance with the Student
Regulations (art. 17),		
hereby apply to suspend my studies for	the academic year	_/because of:
maternity leave (please annex a medical	al certificate)	
short specialization degree (please ann	•	
disability (please annex a certificate) ¹	ex sen-certification)	
other		
To this end I attach proof of revenue stamp	p payment according to the o	current value.
I hereby declare that I am aware that the University website https://www.unipd.it/er of October of the academic year to be susp	n/study-interruption and the	
I further declare that I have been informed 2016/679 (General Data Protection Regularly by electronic means, exclusively for the indicated at the following address:		

¹ Individuals with a disability are required to submit the following documentation: certification pursuant to Law 104/1992 and/or proof of civil disability exceeding 66%.