



SUSPENDING YOUR STUDIES APPLICATION FORM

To the Rector of the University of Padua

I, the undersigned _____ Student ID _____

born in _____ on _____

phone number _____ e-mail address _____

enrolled in the academic year _____ in the:

Bachelor's degree programme Master's degree programme Single-cycle degree programme

Degree programme's name: _____

declare that I am aware of the consequences pursuant to and in accordance with the Student Regulations (art.17) and the academic calendar (art.3.2).

I hereby apply to suspend my studies for the academic year _____.

Reason for suspension:

- maternity leave (please annex a medical certificate)
 short specialisation degree (please annex self-certification)
 other

To this end I attach a proof of revenue stamp payment according to the current value.

I hereby declare that I am aware that the application is submitted by ticket as indicated on the page of the University website <https://www.unipd.it/en/study-interruption> and the suspension will be charged from 1 October of the academic year to be suspended.

I also declare that, pursuant to art.13 of EU Regulation 2016/679 (General Data Protection Regulation), I am aware that the personal data collected will be exclusively processed, also through IT tools, within the procedure for which I am hereby applying, as it is specified at <http://www.unipd.it/privacy>

_____ (place), _____ (date) (Name and Surname) _____