

Student ID number _____

WITHDRAWAL FORM

The undersigned _____
Place of birth _____, birth date __/__/____
Enrolled for the 2020/2021 a.y. in the Program _____

Assignee of accommodation at one of the Bocconi Residences

- YES
 NO

declare that I wish to WITHDRAW FROM STUDIES at Università Bocconi in the above mentioned study program.

For this purpose, I declare that I am aware that I must in any case complete the payment of overdue installments for tuition and fees that have not been paid at the moment of submitting the withdrawal request.

I am aware of the criminal liability I may incur when making false declarations, and I also declare that **I do not have outstanding accounts towards the Fees, Funding and Housing Office, the Library or other University offices.**

Date, ____/____/____ (dd/mm/yyyy)

Student signature

Signature of legal guardian
(necessary if the student is under the age of 18 at the time this application to withdraw from studies is submitted)

**Stamp duty already paid – Authorization by Agenzia delle Entrate – Direzione Regionale della Lombardia
– n. 3/00042/2001 26 march 2001.**

