

Student Number

## WITHDRAWAL FROM STUDIES APPLICATION FORM

## FOR THE ATTENTION OF THE RECTOR OF POLITECNICO DI TORINO

I, the undersigned,
born in) on) on
DECLARE
my intention to withdraw from studies, with all the consequences provided for by the law.
I declare that I am aware that:
1) withdrawal from studies implies the cancellation of my academic career;
2) withdrawal from studies is irrevocable;
3) withdrawal from studies entails the settlement of any outstaing debt owed to Politecnico di
Torino.
Torino,
(Signature)
I declare that Mr/Mrs.
born in
in my presence, and that his/her identity has been confirmed, on the basis of the authentic ID
document:
The Officer in charge
Attached:
• ID card/Passport photocopy (for withdrawal from studies by e-mail or proxy)
• Smart-card