



Università  
Ca' Foscari  
Venezia

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To PhD Office: [phd.office@unive.it](mailto:phd.office@unive.it)

### RETURNING FROM SUSPENSION OF STATUS FORM

The undersigned \_\_\_\_\_

date of birth \_\_\_\_\_ place of birth \_\_\_\_\_

student n° \_\_\_\_\_ phone/cell. \_\_\_\_\_

e-mail \_\_\_\_\_

enrolled in PhD programme in \_\_\_\_\_

Holder of a Scholarship:  yes;  no

having suspended their Doctoral Programme for \_\_\_\_\_ months,

### REQUESTS

to return from suspension of status in the above Doctoral Programme, and commits to paying any due student fees.

Date, \_\_\_\_\_

(signature)

\_\_\_\_\_

#### Please Note:

The form has to be scanned and mailed to the Offices in the heading, attaching:

- the copy of an ID document;

It is recommended to send a single PDF attachment: to merge the documents, online services like [www.ilovepdf.com](http://www.ilovepdf.com) can be used.

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