



STUDIES INTERRUPTION REQUEST

To the Rector of the University of Gastronomic Sciences

The undersigned _____
Family Name *First Name*

Born on _____ in _____

Italian Fiscal Code _____

Student Identification Number _____

having taken note of the provisions of Art. 5.1 of the "Regulation for Students and Enrollments" of the University of Gastronomic Sciences,

DECLARES TO INTERRUPT THE STUDIES

Place and date

Student Signature