



STUDIES SUSPENSION 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. 5.2 of the "Regulation for Students and Enrollments" of the University of Gastronomic Sciences,

DECLARES TO SUSPEND THE ACADEMIC STUDIES

at the University of Gastronomic Sciences due to:

- ☐ Pregnancy/birth/child adoption (duly documented) involving female students
- ☐ Birth/adoption of each child (duly documented) for male students who acknowledge paternity
- ☐ Serious and prolonged illnesses (duly documented)

Place and date

Student Signature