



## REACTIVATING STUDIES REQUEST

To the Rector of the University of Gastronomic Sciences

The undersigned \_\_\_\_\_  
*Last name* *First name*

Born on \_\_\_\_\_ in \_\_\_\_\_

Italian Fiscal Code \_\_\_\_\_

Student Identification Number \_\_\_\_\_

- having submitted a request for STUDIES INTERRUPTION in the Study Program

\_\_\_\_\_

at the University of Gastronomic Sciences on \_\_\_\_\_

- having taken note of the provisions of the Regulation for Students and Enrollments, Art. 5.1

### REQUESTS

that his/her studies are resumed starting from (date) \_\_\_\_\_.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Student Signature