TO:

Magnifico Rettore

dell’Università degli Studi di Milano

Via Festa del Perdono 7

20122 Milano

Head of Department:

……………………………………………………………

……………………………………………………………

Salary, Benefits and Independent Contractor Division

Office for Training and Research Contracts

Via S. Antonio 12

20122 Milano

**Subject**: Withdrawal from research grant

The undersigned ………………………………………………..…………………………………………………………………………………….…

Born in …..………………………………………………….…….………….(state ………………………..………) on ……/……/.…….….

Residential address ……………………………………………………………………………………………………………………………………..

Telephone number (….…) ….……………………………….. Email ………………………………………………………………………….

**Research grant Type A Type B**

Within the Department …………..………………………………………………………………..……..………………………….……………

Scientist in charge Prof. ………….………………………………………….……………………..………………………..……………………

**declares**

his/her will to resign from the research grant, starting from .………/………/………………..

for the following reason(s) …….…………………………………………………………………………………………………….……………………

…………………………………………………………………………………………………………………………………………………………………………

……………………………………, ………/………/…………….

 (place and date of issue)

……………………………………………………………

(signature)

|  |
| --- |
| **Competence of University:** Chiusura CSA  C.  P. |