



**REQUEST TO WITHDRAW FROM THE DEGREE COURSE IN MEDICINE AND SURGERY
AT HUMANITAS UNIVERSITY**

To the attention of the Rector
Humanitas University

I, the undersigned _____
Student identification number _____
Born in _____ on _____

Request

to withdraw from the degree course in Medicine and Surgery.

I, the undersigned _____

Declare

to be aware of the fact that withdrawal from the degree course is irrevocable and cancels the whole study course.

All rights to take examinations, as well as those rights connected with course termination, are cancelled, and as such it is therefore impossible to request refunds or economic compensation.

Date _____

Signature _____