

For the attention of the Chancellor
of the University of Bergamo

To the Teaching Staff of the
Research Doctorate in _____

APPLICATION FOR A DEADLINE EXTENSION OF THE DOCTORAL THESIS SUBMISSION

I, the undersigned _____ student no. _____ born in
_____ (Nation _____) on _____ residing in
_____ (Prov. _____) at (address)
_____ tel/mobile _____ e-mail address
_____ enrolled in the _____ year of the research doctorate in
_____, of _____ Round;

HEREBY ASK

in accordance with the provisions of Art. 14 of the University Regulations concerning the Research Doctorate Courses, for an extension of _____ months to submit the doctoral thesis due to the following reason:

- Maternity*
- Prolonged illness*
- Circumstances beyond the undersigned's control**
- Further work required to improve the doctoral thesis **

Date _____

Signature _____

* A doctor's certificate documenting the reason for suspension should be enclosed with the request

** Space for additional comments:
