LIUC
The Business University

Revenue stamp of the current value

WITHDRAWAL REQUEST FORM

To the Rector of Carlo Cattaneo University – LIUC

The undersigned _____student ID no. _____
telephone/mobile _____e-mail _____
enrolled for the A.Y._____/_____ in the _____ year □ current □ out of course year of the degree program in _____ – Class _____

DECLARES

to withdraw from the university studies undertaken and requests the return of the high school diploma, if previously submitted. The undersigned also declares to be aware that this act of withdrawal is irrevocable and completely terminates the previous academic career.

The reasons for this request are as follows:

_____

The student submitting this application acknowledges and accepts that the validity and acceptance of this withdrawal request are subject to the verification and confirmation of full compliance with all obligations arising from and related to academic activities, assumed by the student during his/her stay at the University and its associated facilities.
If, upon examination of the documents and the information obtained, any obligations are found to be unfulfilled, this withdrawal request shall be considered suspended and without effect until the said obligations are fully met.
Once administrative compliance has been verified, as specified above, the withdrawal request will take full effect.

Signed for acceptance:

Date _____ Signature _____

The undersigned declares to collect, on this date, the diploma submitted at the time of enrolment.

Date _____ Signature _____

The following documents are attached to this application:

- Student record book and/or university card
- Library clearance certificate
- Receipt of payment of the €300.00 withdrawal fee
- Self-certification of passed exams, including grades, dates, and credits
- Clearance from the Student Financial Aid Office (ONLY for recipients of regional benefits and freshmen awarded a scholarship from private funds)

Date _____ Signature _____