

WAIVER FORM

TO:

The CAI of the Department _____

The International Cooperation Unit (send in pdf format to cooperations@unipi.it)

I, the undersigned _____

born in _____ on _____ UNIPI id number _____

enrolled in the Bachelor's Degree/Master's Degree/Single Cycle Programme in _____

or

enrolled in the recovery transitional courses (CSTR) for the admission to the Master's Degree Programme in _____, selected for the grant allocation referred to in the Call for financial subsidies/mobility grants for CFU/ECTS acquisition abroad in the year 2020, for a total amount of Euros _____ (financial gross), 80% of which will be paid according to the terms defined in the Call, article 3

Declare

- the grant allocation waiver, with the following:

Undertake

- to promptly notify the waiver to the foreign receiving institution;

- to refund (totally or partially) the allocated contribution in the event of failure or partial acquisition abroad of the CFU approved in the Learning Agreement.

Signature and date
