

**WAIVER FORM**

TO:

The CAI of the Department \_\_\_\_\_

The International Cooperation Unit (send in pdf format to [cooperations@unipi.it](mailto: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 2021, for a total amount of Euro \_\_\_\_\_ (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:

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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**


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