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Submit to the Secretariat of the Faculty

**APPLICATION FOR THE EXTENSION OF THE FINAL EXAM FOR THE CONFERRAL OF THE „DOTTORATO DI RICERCA“**

**TO THE PhD PROGRAMME COMMITTEE**

The undersigned (surname and name) \_\_\_\_\_  
 student no. \_\_\_\_\_ born in \_\_\_\_\_ on \_\_\_\_\_  
 enrolled in the academic year \_\_\_\_\_ of the final year of the PhD Programme in \_\_\_\_\_  
 \_\_\_\_\_ cycle \_\_\_\_\_

(please verify your address and telephone number on  
<https://aws.unibz.it/students-zone/login.aspx?ReturnUrl=%2fstudents-zone%2fdefault.aspx> )

**requests**

the extension to the following academic year for the final exam for the conferral of the title "dottore di ricerca".

Reason:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_, (date)\_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name of supervisor

\_\_\_\_\_  
 Signature of supervisor

For approval:

\_\_\_\_\_  
 Signature of the coordinator