

Prof. Pier Francesco Nocini – Rector
University of Verona

Prof. _____
Scientist in charge of the Research Grant

Prof. _____
Director of the Department of _____
University of Verona

I, the undersigned _____, research grant holder for the implementation of the project: (please insert title and acronym) under the call: (please insert call reference) at the Department _____ from _____ to _____

DECLARE

to withdraw from the grant agreement starting from * _____
for the following reason** : _____

Date and place, _____

(signature)

* Please include the first day not paid.

** optional
