EXTENTION REQUEST

***To the Academic Board***

***Ph.D. Course in***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

The Undersigned

born in on

enrolled in the Ph.D. Course

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cycle 33, academic year 2019/2020 Unife Reg. n.

Tutor prof.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASKS**

To be able to take advantage of the extension period for the delivery of the Ph.D. thesis, pursuant to the art. 236 – Legislative Decree *“Relaunch”* n. 34, dated May 19, 2020 – related to the lockdown period due to the containment of contagion risk from COVID-19, **for the following reasons**:

The extension period will be of 2 (two) months form November 1st, 2020 to December 31st, 2020.

The present form must necessarily be delivered within September 15th, 2020.

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

 (date)

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 (Tutor’s signature) (Ph.D. Student’s signature)

**AUTHORIZATION BY THE ACADEMIC BOARD**

The Academic Board in the meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has authorized the requested extension.

OR

The Academic Board in the meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not authorized the requested extension for the following reasons:

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 *(The Coordinator)*