

**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 BA/MS Programme in \_\_\_\_\_

selected for the grant allocation referred to in the “Call for financial grants for mobility at partner universities for the issue of double degrees - year 2024” with a grant financial gross amount of 5.000,00 euro,

Declare

- the grant allocation waiver, with the following:

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Undertake

- to promptly notify the waiver to the foreign receiving institution;
- to totally refund the allocated contribution in the event of failure to obtain the double or joint degree.

**Signature and date**

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