

Form - THESIS DEFENSE SESSION FORM

to be filled out and sent to the PhD School Office (phdschooloffice@unibocconi.it)

To the Faculty Board
of the PhD in _____
Università Commerciale “L. Bocconi”

Student ID _____

I, the undersigned: _____

enrolled in the PhD Program in _____

cycle¹ _____, year² _____

DECLARE THAT, UPON AUTHORIZATION BY THE PHD FACULTY BOARD, I WILL APPLY TO THE FOLLOWING THESIS DEFENSE SESSION³:

- January – extra year 1 (thesis draft to be submitted by end of June 4th year)
- June – extra year 1 (thesis draft to be submitted by December extra year 1) **and therefore request 6 months of extension**
- January – extra year 2 (thesis draft to be submitted by end of June extra year 1) **and therefore request 12 months of extension**

For the following reason:

(to be completed only by PhD candidates who request an extension period)

¹ Eg. XXXV cycle, XXXVI cycle, ...

² Eg 3rd year (Legal Studies), 4th year, ..

³ Defense session may vary based on the external reviewer’s feedback

I declare to submit the request for extension after consulting my advisor prof. _____

Milano, (dd/mm/yyyy) _____

Student's signature