Dr. *Surname and First Name*

*Department of…/Institute of…(workplace)*

*Address of the workplace*

*ZIP Code and City*

*Phone and e-mail*

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

*Place, date*

**To the Coordinator of the PhD Program in**

**Physics, Astrophysics and Applied Physics**

Department of Physics

University of Milan

Dear Prof. Aniello Mennella,

With this letter, I, the undersigned Dr. *Surname and First Name*, student of the *first/second/third*year of the Ph.D. Program in Physics, Astrophysics and Applied Physics (*YYYY*Cycle), ask for authorization to change my last approved study plan.

In particular, I ask to replace the exam(s) *exam/exams*with the exam(s) *exam/exams*because *specify the reason(s)*.

Yours faithfully,

*Surname and First Name*

*Signature*

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

I believe that the initiative of Dr. *Surname and First Name* is useful to his/her research activity, therefore I approve this request.

The Tutor

*Surname and First Name*

*signature*