

DISCONTINUATION OF STUDIES

Note! Please contact your tutor teacher or head of student affairs before filling this form

PERSONAL INFORMATION

| | | |
|---|--------------|------------------------|
| Last name, first names (underline the name normally used) | | Social security number |
| Postal address | | |
| Postal code | Post office | |
| Mobile phone | Home address | |
| E-mail | | |

ACADEMIC INFORMATION

| | | |
|-------------------------|------------------|-----------------------|
| Campus | Degree programme | Student number |
| Number of terms present | | Start date of studies |

INFORMATION OF RESIGNATION

| | |
|--------------|----------------------|
| Other reason | <input type="text"/> |
|--------------|----------------------|

APPLICATION SUBMITTED (Submit the application to Student Affairs Office)

| | | |
|------|-----------------------|---------------------|
| Date | _____ / _____ 20_____ | _____ |
| | | Student's signature |

INFORMATION REGISTERED IN STUDENT REGISTER/ CERTIFICATE OF RESIGN AND TRANSCRIPT OF RECORDS SUBMITTED

| | | |
|------|-----------------------|-------------------------------------|
| Date | _____ / _____ 20_____ | _____ |
| | | Student Affairs Officer's signature |