



RESIGNATION FORM

Use this form if you want to quit your studies.
Please contact your study guidance counsellor
before resigning.

Personal information

Last name:

First and middle name:

Personal ID number:

Telephone number:

Street address:

Postal code and city:

Campus:

Initially assigned group (e.g. DSS37):

Degree programme:

Cause of resignation (tick the correct box)

- Transfer to a university (E1), which one: _____
- Transfer to another university of applied sciences (E2), which one: _____
- Transfer to a vocational institute (E3), which one: _____
- Transfer to a college or institute (E4), which one: _____
- Leaving to study abroad (E5), where: _____
- Other reason (E7), what: _____
- Loss of study entitlement (E8)
- Taking up employment (E6)

Time studied before resignation (tick the correct box)

- 0,5 y 1 y 1,5 y 2 y 2,5 y 3 y

Last date of attendance:

Date and student's signature:

Date and study guidance counsellor's signature:
