

Department of Human Geography

## **APPLICATION FOR INTERRUPTION OF STUDIES**

Name:
Civic Registration Number:
Address:
Postal Code:
City/Country:
Contact phone number:
E-mail:
I hereby certify that I would like to interrupt my studies and be de-registered from
(programme): from the date (year-month-day):
I acknowledge that I lose my place after my interruption of studies is registered.
I am aware that in case I wish to continue my studies I must send a new application
and be admitted again.

	I hereby certify that I would like to interrupt my studies and be de-registered from the
	programme courses which I have not completed during the time when I was active on
	my programme (course code, course name):
D	ate (year-month-day) Applicant's Signature
	stration is reported to the register of student records (Ladok)
on (year-mo	
on (year-mo	nth-day)