



RESIGNATION FORM

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

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 ___ / ___ 20__

Date: ___ / ___ 20__

Date: ___ / ___ 20__

Student's signature: _____

Study guidance counsellor's signature: _____