

Reg. no

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Received

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| **Application to be sent to:**Lund UniversityFaculty of MedicineStudy advisorBMC F11 221 84 Lund(Internal mailing code 66) |

Notification of withdrawal from studies

Personal details

Fill in the form electronically

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| Personal identity number |
|           |
| Name | Surname |
|            |            |
| Address |
|            |
| Postal code | City |
|            |            |
| Telephone | Email |
|            |            |

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| Admitted to programme/freestanding courseOffice of the Faculty of Medicine, 4 July 2017 | Started  | Programme semester |
|            | Autumn 20      |       |
| Spring 20      |

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| [ ]  I withdraw from the programme as of      Reason for the withdrawal (optional):        |

I certify that I withdraw from the programme. I am aware that in order to resume my studies, I must reapply for the programme/course.

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|      ***…………………………………***Date |           ………………………………………………………………Signature  |