MedFak_V_SV_mac

Reg. no

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Received

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| **Application to be sent to:**  Lund University  Faculty of Medicine  Study advisor  BMC 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 |
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| Telephone | | Email |
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| Admitted to programme/freestanding course  Office 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 |