

NOTIFICATION OF STUDY INTERRUPTION

(Non-Completion)

Name: _____ National Identity No: _____

Street address: _____

Postcode: _____ Telephone number: _____

Email: _____

Enrolled in programme/course: _____

Specialist college: School of Health Sciences School of Education and Communication Jönköping International Business School School of Engineering

Study interruption from:

Reason (this information is used for statistics and analysis) Wrong choice of course/programme Change of programme/major Failed exam required for further studies Employment Personal circumstances Illness Change of place of study Programme/course did not meet my expectations Other _____

The student is required to contact the study adviser or the person responsible for the programme regarding the planned study interruption.

Contact has been made

Don't forget to inform CSN about your study interruption.

Place and date_____
Signature**Decision**

Taken off the programme as of

Place and date_____
Signature of decision maker**The application should be sent to:**Registrar
Specialist college (state the relevant specialist college)
Box 1026
551 11 Jönköping**Distribution of the decision**The Student
The person responsible for the course/degree programme concerned
Study adviser
Ladok administrator
The registrar**Date/signature**