#### Request for interruption of a third-cycle education course

**Personal information**

|  |  |
| --- | --- |
| Surname | First name |
| Civic registation number | Telephone |
| E-mail address | Mobile number |
| Street | Postal code & city |

|  |
| --- |
| Third-cycle course |
| Reason for interruption |
| Date for interruption |

|  |
| --- |
| **Student** |
| Print name |
| Date |
| Signature |

**Send the application to:**

The Research School of Health and Welfare

School of Health and Welfare

Box 1026

551 11 Jönköping

Sweden