#### 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      |

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

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| **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