|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **Notification of withdrawal from programme at DSV****(Only for the Department of Computer and Systems Sciences. Other students: contact your own department)** |
|  | Send the form to:Student Affairs OfficeDSV Postbox 7003164 07 KISTA |
|  |  |
|  |  |
|  |  |

Personal information
First name:       Surname:

Personal P- or T number:       E-mail:

Address:

ZIP-code and City:       Country:

Information about studies
Programme:

Year of admission:

Date of withdrawal\*(from which the withdrawal shall apply):

\*Note! The form must be received by DSV within 15 working days from the date of withdrawal.

The reason for the withdrawal: (optional)

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Notes from DSV:

Date of arrival: Diarie-number: