**REQUEST FORM FOR WITHDRAWAL FROM STUDIES**

Study programmes: MADIS Choose an item.  MIA  MDEV

PhD Choose an item.

Last name, First name(s): Click here to enter text.

File number: Click here to enter text. Semester: Click here to enter text.

**Reason of your withdrawal:** please tick the appropriate box

Professional

Medical (based on a medical certificate)

Family

Other (to clarify) Click here to enter text.

Signature: ………………………………...........

Date: Click here to enter text.

Your request will be submitted to the Direction of Studies

…/…

**REQUEST FORM FOR WITHDRAWAL FROM STUDIES**

**Please detail the reason of your withdrawal:**

Click here to enter text.

Signature: ……………………………………………………………………………………….

Date: Click here to enter text.