



Sveriges lantbruksuniversitet  
Swedish University of Agricultural Sciences

Utbildningsavdelningen

SLU ID:

## APPLICATION FOR NON-COMPLETION OF STUDIES

**This form must be filled in and signed by the student who wishes to apply for non-completion.** *Please discuss your decision with a study and career counsellor or programme director of studies.*

### Student

Surname, first name		Personal identity number	
Programme		Admission year	
Address		Post code and city	
Mobile phone no.	Email address		

### Non-completion of studies

I hereby state that I have *conclusively* decided to discontinue my studies

As of year – month – day
Justification

### Student's signature

*I hereby confirm that the information I have given is correct.*

Signature

Date

.....

**Send to:**  
**Utbildningsavdelningen**  
**Enheten för studieadministration**  
**Box 7010**  
**750 07 UPPSALA**