

## Application for discontinuation (non-completion) of studies at the Department of Sociology

|                 |                                       |
|-----------------|---------------------------------------|
| Name:           | Date of birth/social security number: |
| E-mail address: | Telephone:                            |

I hereby discontinue my studies from following program: \_\_\_\_\_

### Information

Discontinuation of studies means that I give up my place on the program.

The cancellation of the program will be registered in Ladok and valid from the day I announce the discontinuation on this form.

We prefer that you send this form to us by email. Print, scan and email the completed form back to:  
master@sociology.su.se for advanced level  
studievagledare@sociology.su.se for undergraduate level

Please note that if you are an international student your residence permit and study fees might be affected. CSN and student accommodation might also be affected. It is your own responsibility to investigate these conditions with the government agencies and others concerned.

### Signature:

|       |                     |
|-------|---------------------|
| Date: | _____<br>Signature: |
|-------|---------------------|

## Department of Sociology