



# NOTIFICATION OF STUDY INTERRUPTION (Non-Completion)

Name: \_\_\_\_\_ National Identity No: \_\_\_\_\_

Street address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Enrolled in programme/course: \_\_\_\_\_

Specialist college:  School of Health Sciences  School of Education and Communication  Jönköping International Business School  School of Engineering

Study interruption from: .....

**Reason** (this information is used for statistics and analysis)

Wrong choice of course/programme  Change of programme/major  Failed exam required for further studies

Employment  Personal circumstances  Illness

Change of place of study  Programme/course did not meet my expectations

Other \_\_\_\_\_

The student is required to contact the study adviser or the person responsible for the programme regarding the planned study interruption.

Contact has been made

Don't forget to inform CSN about your study interruption.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature

<p><b>Decision</b></p> <p>Taken off the programme as of .....</p> <p>_____</p> <p>Place and date</p> <p>_____</p> <p>Signature of decision maker</p> <p>_____</p>
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**The application should be sent to:**  
Registrar  
Specialist college (state the relevant specialist college)  
Box 1026  
551 11 Jönköping

**Distribution of the decision**  
The Student  
The person responsible for the course/degree programme concerned  
Study adviser  
Ladok administrator  
The registrar  
Admissions Office (fee paying students only)  
Accommodation Office (fee paying students only)  
International Relations Office (fee paying students only)

**Date/signature**