#### Request for interruption of a third-cycle education programme

## Personal information

|  |  |
| --- | --- |
| Surname | First name |
| Civic registration number | Telephone |
| E-mail address | Mobile number |
| Street | Postal code and town |

|  |  |
| --- | --- |
| Reason for interruption | Date |

|  |  |  |
| --- | --- | --- |
| **Doctoral student** |  | **Main supervisor** |
| Print name |  | Print name |
| Date |  | Date |
| Signature |  | Signature |

The doctoral student, in agreement with the main supervisor, has decided to interrupt third-cycle education studies at the School of Health and Welfare and hereby requests to be deregistered as a doctoral student.

|  |  |  |
| --- | --- | --- |
| **Director** |  | **Dean** |
| Print name |  | Print name |
| Date |  | Date |
| Signature |  | Signature |

**Send the application to:**

The Research School of Health and Welfare

School of Health and Welfare

Box 1026

551 11 Jönköping

Sweden