#### 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