

## Resignation from the education

According to Executive Order on access to academic and professional education and bachelor's degree

Name:	Student Number:
Education:	Resigns per date:
Private e-mail address:	

### Reason:

Another education inside University College Absalon	Name of education:	Tick <b>X</b> :
Another education outside University College Absalon	Name of education:	Tick <b>X</b> :
Academic require- ments	Specify:	Tick <b>X</b> :
Internship / Clinic	Specify:	Tick <b>X</b> :
Financial reasons		Tick <b>X</b> :
Illness		Tick <b>X</b> :
Personal reasons		Tick <b>X</b> :
Study doubts		Tick <b>X</b> :
Well-being		Tick <b>X</b> :
Something else	Specify:	Tick <b>X</b> :

If granted rehabilitation benefits → please state municipality:

<b>Date:</b>	<b>Student signature:</b>
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University College Absalon stops payment of your SU as per resignation date. If, however, you receive SU for a period after the resignation date you will be informed about repayment.

**To be filled in by the Study office:**

<b>Date:</b>	<b>Case handled by:</b>
<b>Date:</b>	<b>Message to the municipality regarding rehabilitation given by:</b>