



NOTICE OF WAIVING THE RIGHT TO STUDY FOR A DEGREE

Name _____
 Personal identity code _____
 Address _____
 Telephone _____
 E-mail _____

I hereby waive **all** my rights to study for a degree or other rights to study at the University of Jyväskylä

I hereby waive my right to study for the following degree:

Faculty _____

Major subject/degree programme _____

(If you are entitled to study for a degree in several subjects, the notice must be made given separately for each.)

I hereby also notify that I understand that the decision to waive my right to study is binding, and that I cannot continue my studies in the above-mentioned subject/programme. To regain the right to study will require taking part in the normal student selection process.

The right to study will be considered to be cancelled as of the date of this notice.

Please send me a certificate of waiving the right to study by e-mail by mail

Date / 20 Signature _____

Please return the form to Student and Academic Services

Address: Student and Academic Services/Student register
 P.O. Box 35 (T)
 FI-40014 University of Jyväskylä

For further information: opiskelijapalvelut@jyu.fi

Opiskelijapalvelut täyttää / To be filled in by Student Services:

OPINTO-OIKEUDEN PÄÄTTYMINEN KIRJATTU OPISKELIJAREKISTERIIN
 Cancellation of the study right entered in the student register

____ / ____ 20 _____
 virkailijan allekirjoitus / signature of an official puhelin / telephone leima / stamp