



UPPSALA  
UNIVERSITET

Dnr: TEKNAT -

## APPLICATION OF PROGRAMME DISCONINUATION

**TO BE COMPLETED BY THE STUDENT**

Programme: \_\_\_\_\_

### Personal information:

Name (first and last name)	Social security number:	
Address:	Postal code:	City:
Email:	Phone number:	

The discontinuation should be effective from the date: \_\_\_\_\_

You will receive a confirmation once the discontinuation is registered in Ladok. You may need to confirm your discontinuation via the email you provided in Ladok before it is recorded.