



## FACULTY OF MEDICINE

### DISCONTINUATION OF STUDIES Postgraduate Studies

I am enrolled to postgraduate studies in the following subject

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I hereby announce that I have discontinued the studies, and therefore wish to be deregistered from above mentioned studies because of:

**I am aware of, that in order to resume my studies, I need to be re-admitted to the postgraduate studies program.**

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Signature

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Date

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Printed name

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Civic registration number

This form should be sent to Anette Saltin at the Postgraduate Studies Office, either by ordinary mail or as a scanned copy by email.

Anette Saltin  
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221 84 Lund

[anette.saltin@med.lu.se](mailto:anette.saltin@med.lu.se)