

Date notification received by the public authority	Ref.:

First name and surname		•	Civic registration number
Telephone number	Email addr	ress	
			on notification. You must also send us
			m studies, but do not now intend to resu for approved leave from studies.
The non-completion is in	respect of:		
Study programme/course and departs	ment:		Term admitted: Spring/Autumn
As of (YY-MM-DD)			
Signature			
Place and date		Notifier's signature	
	niversity		
To be completed by the m	n verbiej	Confirmation sent	
To be completed by the un Notification received			

This form is to be sent to the registrar: <a href="mailto:registrator@uniarts.se">registrator@uniarts.se</a> or The registrar, Stockholm University of the Arts, Box 24045, SE-104 50 Stockholm.