

Provide all necessary information. Otherwise your resignation will not be handled.

Student	Last name and first names		Social security number (or date of birth)
	Address		Telephone
	Postcode and post office		
	Email		Home municipality
Studies	Student number	Group code	Studies started on (date) _____.20
	Campus		Field of Study
	Degree programme		Date of resignation _____.20
Reason for resignation (x)	<input type="checkbox"/> Change of faculty within Saimaa University of Applied Sciences <input type="checkbox"/> Change of degree programme within the same faculty at Saimaa UAS <input type="checkbox"/> University studies <input type="checkbox"/> Studies at another university of applied sciences <input type="checkbox"/> Studies at a vocational college <input type="checkbox"/> Studies at another educational institution <input type="checkbox"/> Studies abroad <input type="checkbox"/> Employment <input type="checkbox"/> Other reason		Further details:
	<input type="checkbox"/> Illness <input type="checkbox"/> Personal reason <input type="checkbox"/> Motivation to study <input type="checkbox"/> Moving to another location <input type="checkbox"/> Other reason, please specify: _____		_____
Student's signature	Date and signature _____.20		

Officials' signatures	Resignation has been discussed with the Degree Programme Manager on (date) _____.20		
	Signature by Dean of the Faculty		Signature by Degree Programme Manager Stamp of the UAS
Copies to:	<input type="checkbox"/> Saimaa University of Applied Sciences (original) <input type="checkbox"/> Student		