



## Resignation

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

<b>Student</b>	Last name and first names		Personal identity code (or date of birth)
	Address		Telephone
	Postcode and post office		
	Email		Home municipality
<b>Studies</b>	Student number	Group code	Studies started on (date) ____. ____ .20
	Campus		Field of Study
	Degree programme		Date of resignation ____. ____ .20
<b>Reason for resignation (x)</b>	<input type="checkbox"/> Change of faculty within Saimaa University of Applied Sciences		<b>Further details:</b>
	<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		
	<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: _____			
<b>Student's signature</b>	Date and signature ____. ____ .20		

<b>Signature by Degree Programme Manager</b>	Date and signature ____. ____ .20	Stamp of the UAS
<b>Copies to:</b>	<input type="checkbox"/> Saimaa University of Applied Sciences (original) <input type="checkbox"/> Student	