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| REQUEST FORM FOR WITHDRAWAL OF ERASMUS+ STUDY MOBILITY |

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| **PERSONAL INFORMATION** |
| Surname / Name |  |
| Faculty / Department |  |
| Student ID No |  |
| E-mail |  |
| Phone Number (Home) |  |
| Mobile |  |
| **STUDY ABROAD PERIOD AT HOST INSTUTION** |
| Host Institution |  |
| Period of Admission | [ ] FALL [ ] SPRING |
| **ATTACHMENT** |
| [ ]   |
| **REASON FOR RELINQUISHMENT (Brief explanation)** |
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| **STUDENT SIGNATURE** I hereby confirm that I am withdrawing my right to become an Erasmus Student along with my priorities attached to it. I also acknowledge that my Erasmus Grade will be decreased by 10 points if the I will lose my right to apply for Erasmus+ Study Mobility Program during my whole studentship at home university, if my reason is not considered as an imperative to withdraw. |
| **Date**            | **Signature:** |
| **CONFIRMATION OF THE DEPARTMENTAL ERASMUS COORDINATOR** | **CONFIRMATION OF THE HEAD OF DEPARTMENT** |
| **Surname / Name** |  | **Surname / Name** |             |
| **Date / /** | **Signature****…………………** | **Date / /** | **Signature****……………………..** |
| **CONFIRMATION OF THE INSTITUTIONAL ERASMUS+ COORDINATOR** |
| **Surname / Name** |             |
| **Date** **/ /**  | **Signature****----------------------------------------------------** |