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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)** | | | | | | |
|  | | | | | | |
| **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**  **----------------------------------------------------** | | | | |