



FORM FOR DEREGISTRATION

To be completed by the doctoral student

Name
Swedish social security number (personnummer)
Department/unit
Subject/Subject area
Principal supervisor

I hereby terminate my doctoral studies as of _____ (date).

I am aware of the fact that I, to be able to resume my doctoral studies, need to be readmitted to doctoral studies.

Place and date	Signature	Print name
----------------	-----------	------------

Send the form to:

RUF
The Dean's Office
Faculty of Medicine
Umeå University
S- 901 87 Umeå
Sweden