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**Request for the Erasmus+ Withdrawal**

Student:

|  |  |
| --- | --- |
| Name and Surname |  |
| Date of birth |  |
| Study area, year of study |  |
| Faculty |  |
| e-mail: |  |
| Tel.: |  |

Study stay:

|  |  |
| --- | --- |
| Receiving institution, country |  |
| Semester of the study stay |  |
| Department coordinator, email |  |
| Faculty coordinator, email |  |
| Foreign coordinator, e-mail |  |

I hereby request the cancellation of my participation in the Erasmus + programme. I am aware that this withdrawal may affect my eventual participation in the programme in the future. By signing, I undertake to inform my departmental / faculty coordinator and the foreign institution about my withdrawal from the Erasmus + programme.

Reasons for the request:

Date:

Signature: