

Filled in by school:

date of receipt: ____ / ____ 20____

504 NOTIFICATION OF RENOUNCING A STUDY RIGHT**PERSONAL DATA**

Family name and given names	Student number
Address	Telephone number
Postal code and city	E-mail

I hereby renounce the following study right at the Aalto University:

School	Degree programme
Degree: <input type="checkbox"/> bachelor or master degree <input type="checkbox"/> postgraduate degree (licentiate, doctor)	
<p>The decision to renounce the study right is binding. The student cannot continue his/her studies within the here mentioned degree programme after renouncing the right to study. The only way to regain the study right is to take part in the normal student selection process.</p> <p>The study right will be ended on the day that the notification of renouncing the study right is submitted.</p> <p>I have read the above mentioned terms and accept them.</p>	

SIGNATURE OF APPLICANT

Date	Signature
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Return address: Student Services (OOP) Service Desk of your school, contact information
<https://www.aalto.fi/en/support-for-studying/contact-information-for-learning-services>.

DECISION BY SCHOOL

Date	Signature of person in charge
Date	Signature of head of student affairs