

TOTAL SUSPENSION OF STUDIES AND/OR CANCELLATION OF RESIDENCE ACCOMMODATION

N.B. This form must be completed in triplicate.

		LS150
Postal address:	Street address:	
Telephone:		Code
a) <u>Cancellation of residence accommodation</u> I hereby wish to inform you that I would like to cancel my accommodation in I shall vacate the residence on Reason:		
Signature of residence guardian	Date	
b) <u>Suspension of studies</u>	Full time	Part time
Please note: In the case of total suspension of studies please hand in your student card with this form Suspension date: Learning programme (course)		
Reason:		
Signature of head of department	Date	
I undertake to pay as soon as possible any money which is still outstanding in accordance with CUT regulations. Initials and surname in block letters		
Signature of student	Date	