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|  **STUDENT INFORMATION** |
|  Name Surname |   |
|  Student Number |   |
|  Faculty/School |   |
|  Department |   |
|  Grade |   |
|  Program |  [ ] Undergraduate [ ] Graduate [ ] Doctorate |
|  Address |   |
|  e-Mail​ |   |
|  Phone |   |

I have been selected to study at the [University name] in [Country name] for the Fall/Spring [Choose one] Semester of the 20../20.. Academic Year as part of the Erasmus+ Programme Student Mobility for Studies.

However, due to …………………………………...,…, I would like to waive my right to participate in the Erasmus+ Programme. I understand that this right cannot be transferred to another academic year.

I submit this requisition for your kind approval.

|  |  |
| --- | --- |
| **Date** | ../../20.. |
| **Name Surname** |  |
| **Signature** |  |