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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** |  |