

 TED UNIVERSITY	ERASMUS+ STUDENT MOBILITY FOR TRAINEESHIPS WITHDRAWAL REQUEST FORM			
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STUDENT INFORMATION	
Name Surname	
Student Number	
Faculty/School	
Department	
Grade	
Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate
Address	
e-Mail	
Phone	

I have been selected as a trainee at the [Institution name] in [Country name] for the Fall/Spring/Summer [Choose one] Semester of the 20.../20... Academic Year as part of the Erasmus+ Programme Student Mobility for Traineeships.

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	

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** When filled out, it becomes a "Confidential" document.*