# Notification of non-completion of third-cycle education

**Personuppgifter**

|  |
| --- |
| Name      |
| Address      |
| Personal identification number or date of birth       |
| Third-cycle subject area      |
| Email address      |
| Phone number      |
| **I hereby notify Mid Sweden University that I wish to resign from my place in third-cycle education.** |

**Signature**

|  |  |
| --- | --- |
| Date      | Signature |