# Notification of non-completion of third-cycle education

**Personuppgifter**

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| --- |
| 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 |