



JÖNKÖPING UNIVERSITY  
School of Education and  
Communication

## Request for non-completion of third-cycle education

To be completed by the doctoral student and signed by the principal supervisor

### Personal data

Surname First namn

Personal identity number

Email address

Reason for non-completion Date

### Doctoral student

Signature

Date

Clarification of signature

### Principal supervisor

Signature

Date

Clarification of signature

The doctoral student has decided, in agreement with his/her principal supervisor, to discontinue his/her third-cycle education at the School of Education and Communication and hereby wishes to be deregistered as a doctoral student.