

To
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CANCELLATION FORM

I hereby cancel the concluded contract for participation in the continuing education master's degree program in:

(Name of the program)

Admission requested on:

Admission request confirmed on:

Name of participant:

Address of participant:

Signature of participant (only needed on paper)

Date

INSTRUCTIONS FOR COMPLETION

If you want to cancel your contract, please fill out this form completely and send it back to us.