



**PERMANENT
REGISTRATION
WITHDRAWAL**

PERSONAL DETAILS		ACADEMIC YEAR: 20 _____ – 20 _____	
FULL NAME:			ID CARD NUMBER:
ADDRESS:			
TOWN:	POSTCODE:	PHONE:	
EMAIL:			

I would like to make the following modification to my registration:*

PERMANENT WITHDRAWAL FOR THE ACADEMIC YEAR 20_____ – 20_____

Granada, [Date]

Signature: _____

Applications shall be submitted within the period established each year by Resolution of the Rectorate of this University.

*** Please submit two copies of this form to any register office of the University of Granada.**

The personal data you provide in this form will be processed by the UNIVERSITY OF GRANADA, with headquarters in Avda. del Hospicio, s/n 18071 Granada, for its relevant purposes. You may exercise your rights of access, rectification, cancellation and opposition by sending a written request to the University of Granada Secretary's Office at the address indicated above, accompanied by a copy of your ID card. This information is provided in accordance with Article 5 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.