



**Registrar's office**

mscfm.ls.fm@zhaw.ch

Office GA206  
Grüntal  
P. O. Box  
CH-8820 Wädenswil

Tel. +41 58 934 59 61/54 39

Tel. (Switchboard) +41 58 934 50 00

Fax (Switchboard) +41 58 934 50 01

[www.lsfm.zhaw.ch](http://www.lsfm.zhaw.ch)

## Declaration of Termination of Studies

Course .....

Full-time     Part-time

Matriculation number:

		-						
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Surname .....

First name .....

Address .....

Town and Postcode .....

**The following signatures must be collected before official termination of studies:**

Library (books on loan): .....

Grüntal reception: .....  
(key, locker)

**Reason for termination:**

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The undersigned hereby terminates their studies at the Zurich University of Applied Sciences in Wädenswil.

Date:..... Signature:.....

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**Certification of Termination:**

Wädenswil: ..... Registrar's office (stamp and signature)

Any remaining credit on a campus card can be claimed back from the copy office (GA 312).