



POLITÉCNICA

CAMPUS DE EXCELENCIA INTERNACIONAL



UNIVERSIDAD POLITÉCNICA DE MADRID ESCUELA TÉCNICA SUPERIOR DE INGENIEROS INFORMÁTICOS

APPLICATION TO CANCEL ENROLLMENT AND CANCEL CLASSES

SURNAME(S): _____ NAME: _____

NATIONAL ID NUMBER (DNI): _____ REGISTRATION NUMBER: _____

EMAIL: (write very clearly) _____

PLAN: 10II 10MI 1096 10AJ 10AK 10AM 10AN

APPLICATION TO CANCEL ELECTIVE CLASSES

CLASS

YEAR

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

(You may not apply to cancel classes you have not passed from previous years.)

Date: _____ Signature

APPLICATION TO TOTALLY CANCEL ENROLLMENT

I request that my enrollment this school year be entirely cancelled.

Date: _____ Signature

