



Nunatsiavut Government – EDUCATION DIVISION

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Discontinuation Form

Student Name: _____

Student #: _____

Institution: _____

Program: _____

Email Address: _____

Phone #: _____

Date of discontinuation: _____

Reason for Discontinuing/Break in Studies (please provide brief description):

Anticipated Return Date (if known): _____

*Student Signature: _____ Date: _____

For office use only:

Documents Required Upon Return: ☐ Renewal ☐ New Application

Verified by: _____ Date: _____

Notes:
