

## MODEL FOR WITHDRAWAL FORM

**(You must only complete and send in this form if you wish to cancel your contract.)**

ATTENTION: BLANQUERNA FOUNDATION  
Financial Management Office  
Passeig Sant Gervasi 47  
08022 Barcelona

With the presentation of this document, I hereby declare my intention to withdraw from the contract for provision of higher education with Blanquerna Foundation, signed on the date of \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ (dd/mm/yyyy), to pursue the study of a degree in (indicate which):

\_\_\_\_\_

Identification of the student:

Name:

1st surname:

2nd surname (if any):

Address:

Signature of the student

DNI, NIE or passport number:

Date: