



Nunatsiavut Government – EDUCATION DIVISION
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Discontinuation Form

Student Name: _____ Date of discontinuation: _____

Program: _____ Institution: _____

Reason for Discontinuing (please provide brief description):

Signature: _____ Date: _____

If/when you are ready to return to studies, please fill out another application & submit before the deadline date.

For office use only:

Verified by: _____ Date: _____

Notes:
