



**Nunatsiavut Government – EDUCATION DIVISION**  
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**Discontinuation/Break In Studies Form**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Institution: \_\_\_\_\_ Program: \_\_\_\_\_

Email: \_\_\_\_\_ 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:

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