

# WITHDRAWAL FORM

*(Please complete and return this form only if you wish to withdraw from the contract)*

**Recipient :**

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Acknowledgment of receipt of information, on the \_\_/\_\_/\_\_\_\_

**Date :** \_\_/\_\_/\_\_\_\_

*I hereby give notice of my withdrawal from the application contract as defined below:*

Application for the curriculum \_\_\_\_\_

Done the \_\_/\_\_/\_\_\_\_

On the ISG website/by email\*\*

First and last name of the candidate : \_\_\_\_\_

Address of the candidate: \_\_\_\_\_

\_\_\_\_\_

Signature :

\* First name LAST NAME

\*\* Remove the useless phrase