

**Termination form**

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| **PUPIL DETAILS** |
| First name |  | Last name |  |
| I.D. card no. |  | Postal address |  |
| E-mail address |  | Mobile no. |  |
| Course |  | Year of graduation |  |

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| **MENTOR DETAILS** |
| First name |  | Last name |  |
| I.D. card no. |  | Postal address |  |
| E-mail address |  | Mobile no. |  |
| Firm |  | Date of Warrant |  |

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| **PUPILLAGE DETAILS** |
| Pupillage commencement date |  |
| Pupillage termination date |  |

This form should be signed in duplicate; one form is to be retained by the student, the other by the Chamber of Advocates, Malta strictly for the purpose of record-keeping. Students are not to submit this form, or the commencement form, to the Secretary to the Director and Registrar.

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**Student signature Mentor signature**

Date: Date: