MedFak_V_SV_mac

Received

Reg. no

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| **Application to be sent to:**  Lund University  Faculty of Medicine  Study advisor  BMC F11  221 84 Lund  (Internal mailing code 66) |

Application for deferment

Remember that you must apply for the course/programme yourself if you are granted a deferment.

Personal details

Fill in the form electronically

|  |
| --- |
| Personal identity number |
|  |
| First name | | Surname |
|  | |  |
| Address | | |
|  | | |
| Postal code | | City |
| Office of the Faculty of Medicine, 4 July 2017 | |  |
| Telephone | | Email |
|  | |  |

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| --- |
| Admitted to programme/course |
|  |

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| --- | --- |
| Indicate the reasons you wish to refer to for your application\* | |
|  | Social |
|  | Medical |
|  | Illness or special needs of a child or loved one (not a pet) |
|  | Care of a child |
|  | Leave of absence not authorised by your employer |
|  | Other |

# \*Certificate/document that supports the reasons to which you refer (e.g. doctor’s note, certificate from employers, other)

More information and instructions available on the student website.

# I have read the instructions and certify that my application is correct and complete.

Documents attached

# 

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| ***…………………………………..***  Date | ………………………………………………………………  Signature |