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| **Application to be sent to:**Lund UniversityFaculty of MedicineStudy advisorBMC 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

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| 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  |