

Reg. no

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Received

**Application to be sent to:**

Lund University

Faculty of Medicine

Study advisor

BMC F11
221 84 Lund

(Internal mailing code 66)

Application for return to studies

(after temporary leave from studies)

Personal details

Fill in the form electronically

|  |
| --- |
| Personal identity number |
|       |
| Name | Surname |
|       |       |
| Address |
|       |
| Postal code | City |
|       |       |
| Telephone  | Email |
|       |       |

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| --- | --- | --- |
| Admitted to programme/freestanding course | Started  | Programme semester |
|      Office of the Faculty of Medicine, 4 July 2017 | Autumn 20      |       |
| Spring 20      |

|  |  |  |
| --- | --- | --- |
| I wish to return to studies\* | As of | Spring 20      |
| Autumn 20      |
| Students on the medical programme – specify the study location |       |

\*The application must be received by the date specified in the instructions. If the application is received after this date, a place on the course/programme can only be provided after the students who applied on time have been assigned a place.

Any admission requirements for the course/semester must be fulfilled.

More information and instructions available on the student website.

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

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| --- | --- |
|      ***…………………………………***Date |      ………………………………………………………………Signature  |