

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

(guaranteed admission)

Personal details

Fill in the form electronically

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

Office of the Faculty of Medicine, 4 July 2017

|  |  |  |
| --- | --- | --- |
| Admitted to programme/freestanding course | Started  | Programme semester |
|       | 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 |       |

\*Guaranteed admission only applies if the return to studies takes place at the time specified in the instructions and under the condition that the admission requirements for the course/semester in question are met.

The application must be received by the date specified in the instructions on the student website.

More information and instructions available on the student website.

I have read the instructions.

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