MedFak_V_SV_mac

Reg. no

………………………………

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 |