



A free form statement concerning completion of studies: (do not attach medical certificates)

Date and place

Student's signature

(Print the application before signing)

Please, attach the receipt of the processing fee to your application (50 euros).

Receiver for the payment: Häme University of Applied Sciences Ltd. Account number: FI58 1732 3000 0090 57

Message: Right to study AOKK

### University fills in:

Study right time started \_\_\_\_\_ ends \_\_\_\_\_

Number of semesters present \_\_\_\_\_ Number of semesters absent \_\_\_\_\_

NB: \_\_\_\_\_

### STUDENT COUNSELLOR'S PROPOSAL

I recommend extending the study right period: \_\_\_\_\_ - \_\_\_\_\_

I recommend rejecting the application

Reasons for rejection: \_\_\_\_\_

### HEAD OF DEGREE PROGRAMME'S DECISION (nr OP \_\_\_\_\_)

Extension will be granted according to the student counsellor's proposal  or

Extension will be granted starting from \_\_\_\_\_ to \_\_\_\_\_

Extension will not be granted according to the student counsellor's proposal

Date and signature: \_\_\_\_\_

Notification of the decision: student (date) \_\_\_\_\_ Archive: Student Services

**APPEAL:** The student may appeal the decision by submitting a written appeal addressed to the Examination Board of Häme University of Applied Sciences, address PO Box 230, FI-13101 Hämeenlinna within 14 days of being notified of the decision.