

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

Date and place

Applicant'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:

Previous study right time _____ - _____

Number of semesters present _____ Number of semesters absent _____

NB: _____

STUDENT COUNSELLOR'S PROPOSAL

I recommend granting the study right: _____ - _____

Group code: _____

I recommend rejecting the application

Reasons for rejection: _____

HEAD OF DEGREE PROGRAMME'S DECISION (nr OP _____)

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

Study right will be granted starting from _____ to _____

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

Date and signature: _____

Notification of the decision: Applicant (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.