

## APPLICATION FORM

### Separate Study Right

<b>1. Contact information</b>			
Surname			
First names (Underline the name you use)			
Personal ID number		Home municipality	
Local address			
Post code		Postal district	
Telephone number			
Nationality		Mother tongue	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Email address	

<b>2. The degree qualification you wish to continue; when did you start the degree (yr) and when did your previous right to study end (yr)?</b>

<b>3. How many credits/studies have you accomplished for the degree so far (sort the credits completed at different universities of applied sciences as indicated below):</b>		
1.	Name of university of applied sciences	
	Number of completed credits	

2.	Name of university of applied sciences	
	Number of completed credits	

3.	Name of university of applied sciences	
	Number of completed credits	

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### Separate Study Right

#### 4. Issues affecting your studies (only respond to this section if you are applying to study in the field of social and healthcare)

If you respond with yes to either question, please enclose an explanation as an appendix to the application form.

Do you have any health issues which may prevent you from studying?

Yes ☐

No ☐

Has your right to study ever been revoked earlier due to your state of health or for endangering the safety of other people?

Yes ☐

No ☐

#### 5. Plan and schedule for completing the studies

#### 6. Signature

Date

Signature

##### 1. Required appendices

Transcript(s) of study record

Receipt of payment (50€)

Proof of date of resignation


##### 2. Print the application form, sign it and enclose the transcripts of study record, a receipt of payment of the processing fee (50 €) and a certificate of resignation.

##### 3. Return the printed and signed form and the appendices to the following address:

Opintotoimisto

PL/P.O. Box 52 (Ketunpolku 3)

87101 Kajaani

**This section is completed by Kajaani University of Applied Sciences**

Name of applicant:	
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Statement of study counsellor concerning the application	
<input type="checkbox"/> I support the decision to grant separate study right (3 semesters) starting from <input type="checkbox"/> Spring semester   20_____ <input type="checkbox"/> Autumn semester       20_____ <input type="checkbox"/> I do not support the decision to grant separate study right	Reasons:
Signature of study counsellor	
Date	
Signature	

Statement of the Head of School	
<input type="checkbox"/> I support the application <input type="checkbox"/> I do not support the application	Reasons:
Signature of the Head of School	
Date	
Signature	