

**Application for parallel studies** (more than 45 credits per autumn or spring semester or 22,5 credits per summer semester). (Submit this form with your course application form or as a supplement to your web application form to: **ANTAGNINGSSERVICE, 838 72 FRÖSÖN**)

Surname/Family name		Given name	
Civic registration number	Address	Postal code	City/town
Phone no.	E-mail		
<b>I want to apply for following courses:</b>			
1..... .....		3..... .....	
2..... .....		4..... .....	

I am a student in a freestanding course.

I am student in a program.

Passed courses (higher education credits):

.....  
.....

Reason for parallel studies:

.....  
.....  
.....

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

**Please note! You must visit relevant department to get a signature from the director of studies. An approval does not imply direct admission to the applied courses.**

Application approved

Application approved

Application denied

Application denied

Director of studies..... Director of studies .....

Clarification of signature .....Clarification of signature .....

Subject ..... Subject .....