

**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		
I want to apply for follo	wing courses:	-	
1		3	
	•••••	••••••	
2		4	
	•••••	••••••	
I am a student in a	a freestanding cour	se.	
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. <u>An approval does not imply direct admission to the applied</u> <u>courses.</u>			
Application appro	oved	Application	approved
Application denie	ed	Application	denied
Director of studies Director of studies			
Clarification of signature	;C	Clarification of signa	ature
Subject	Subjec	ct	