LINKÖPINGS UNIVERSITET

Received_____

APPLICATION/NOTIFICATION TO RESUME STUDIES AFTER A STUDY BREAK

Faculty of Medicine and Health Sciences, Linköping University

Name		Personal ID number	Telephone number
Address		E-mail address at LiU @student.liu.se	
ZIP code	City		

Study programme_____**campus** _____

I am applying for a place for (autumn/spring and year) _____

semester _____

The qualification requirements to continue the semester referred to in the application must be fulfilled.

The application must be received by the Faculty of Medicine and Health Sciences not later than **15 April** for return in the autumn semester and **15 October** for return in the spring semester.

_____ _____

Date **Signature**

The application is sent to the study counselor for your study programme.

CONFIRMATION of return with guaranteed place

Date:_____

Notification of return after a study break with specific reasons has been received within the set time.

Return is confirmed for autumn/spring_____programme semester _____.

_____ _____

Programme Director/Representative: Full names & Signature

Administrator's signature

DECISION on return without guaranteed place

Date:_____

Dnr: _____

- ❑ Return is confirmed for
  autumn/spring _____ semester _____
  The decision is made in accordance with the current order of priority and provided that the eligibility requirements are met.
- ❑ Return cannot be granted due to shortage of places at the applied programme semester.

_____ _____

Programme Director/Representative: Full names & signature

Administrator's signature