

5 DD@7 5 H-CB": CF"

5 DDFCJ98 @ 5 J9 : FCA GHI 8 = 9 G

K ±H<8F5K5@: FCA GHI 8 ±9 G

H\]g'Zcfa 'g\ ci `X'VY'Z]``YX'ci hUbX'g][bYX'Vmi\\ Y'ghi XYbhik\ Yb'Udd`m]b['Zcf'Uddfcj YX``YUj Y'cf'k]\\ XfUk U' Zca 'ghi X]Yg" Please feel free to discuss your situation with a study counsellor or director of studies.

Student				
Last name, first name			Registration number	
			Admission year	
Address		Postcode & City		
Phone	Mobile phone	E-mail		
oddfcjYX``YUjY'Zcf`g	uli XIYa			
apply for approved le	eave for studies	Luighto	apply for guaranteed place and englace	
From (Year – Month – Da	ay) To (Year-Month-Day)		I wish to apply for guaranteed place and enclose Yes No certifying documents*	
*Guaranteed place of study i	intermission from programme studies. A	guarantood place studios on	return from approved leave from studies, can be granted if there	
			to one year at a time. Exceptional reasons refer to social, medic	
			assignment. Documents certifying exceptional reasons must	
			e cancelled unless the student notifies at the time of applicat	
that they be returned. Notif	fication of the decision will be sent to	the address in this applicati	ion. The student must report for continued studies at the end	
		mme. Usually the applicat	ion must be made through www.universityadmissions.se	
15 April or 15 October at the	e latest.			
K]h\XfUkUʻZicaʻghi	XIVa			
will withdraw definite				
From (Year – Month – D	ay)			
Reason for withdrawal				
Signature				
	nformation I have given is correct			
Signature			Date (Year – Month – Day)	

The form should be sent to your faculty:

Faculty of Landscape Planning, Horticulture and Agricultural Sciences REGISTRATOR, SLU PO Box 52, 230 53 Alnarp Faculty of Natural Resources and Agricultural Sciences Faculty of Veterinary Medicine and Animal Sciences SUS (Avd för student- och utbildningsservice) PO Box 7010, 750 07 Uppsala Faculty of Forest Sciences REGISTRATOR, SLU 901 83 Umeå