

Application to continue studies after approved leave from studies

Personal data

Name	Personal identity No.
Address	Tel.
Postcode and place	E-mail

Education

Course/programme

Continuation of studies

<input type="checkbox"/> I wish to notify you of continuation of studies in accordance with the earlier decision on an approved leave from studies
<input type="checkbox"/> I wish to apply for continuation of studies without an earlier decision on an approved leave from studies
I wish to continue my studies from (please specify date and semester)

Place and date _____ Applicant's signature _____

The application must be forwarded to:

Försvarshögskolan
FUS
Box 27805
115 93 Stockholm