



## APPLICATION FOR REINSTATEMENT OF STUDY ENTITLEMENT

Last name, first names:	Personal identity code:
Street address:	Zip code and City:
Email:	Telephone:

Campus: \_\_\_\_\_ Started in group (e.g. DSS37): \_\_\_\_\_

Degree programme: \_\_\_\_\_

Start date of studies \_\_\_ / \_\_\_ 20\_\_\_ Number of credits completed \_\_\_ cr

### STUDY ENTITLEMENT LOST BECAUSE OF:

Failure to register as attending or non-attending

Reasons for the failure to register; justification for the reinstatement of the study entitlement (enclose supporting documents, if any):

\_\_\_\_\_

\_\_\_\_\_

The period allowed for studies has expired, no extension application submitted

I am applying to extend my study entitlement for the period \_\_\_ / \_\_\_ 20\_\_\_ – \_\_\_ / \_\_\_ 20\_\_\_

Estimated date of graduation \_\_\_ / \_\_\_ 20\_\_\_ Missing studies in total \_\_\_ cr

Remaining studies:	Study module	Cr	When completed	Remarks
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Reasons for the delayed progress (enclose supporting documents, if any):

\_\_\_\_\_

\_\_\_\_\_

Transcript of records, receipt and certificates attached

I've read the instructions and terms on page three.

**Date:** \_\_\_ / \_\_\_ 20\_\_\_ **Signature:** \_\_\_\_\_



**APPLICATION FOR REINSTATEMENT  
OF STUDY ENTITLEMENT**

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**STUDY GUIDANCE COUNSELLOR'S STATEMENT**

I recommend reinstatement of the student's study entitlement, effective as of \_\_\_ / \_\_\_ 20\_\_

recommend reinstatement and extension for the period \_\_\_ / \_\_\_ 20\_\_

I recommend against reinstatement of the study entitlement on the following grounds:

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**Date:** \_\_\_ / \_\_\_ 20\_\_

**Study guidance councillor's signature:**

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**VICE RECTOR'S DECISION**

Reinstatement upheld \_\_\_ / \_\_\_ 20\_\_

Reinstatement not upheld

Extension granted for the period \_\_\_ / \_\_\_ 20\_\_

**Date:** \_\_\_ / \_\_\_ 20\_\_

**Vice rector's signature:**

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**DATA ENTERED IN STUDENT REGISTER**

**Date:** \_\_\_ / \_\_\_ 20\_\_

**Student affairs assistant's signature:**

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**INSTRUCTIONS**

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**LOSING AND REGAINING THE STUDY ENTITLEMENT**

1. A student who has not registered as present or absent as instructed by the university of applied sciences, or
  2. A student who has not completed his/her studies within a year of the recommended time shall lose his/her study entitlement (right to study) (351/2003, section 25).
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**APPLICATION FOR THE REINSTATEMENT OF THE RIGHT TO STUDY MUST BE SUBMITTED USING THIS FORM.**

Certificates in support of the application (e.g. medical certificates) and a transcript of records shall be appended to the application.

The application shall be submitted at the campus in which the student is registered.

The decision will be sent to the applicant by email.

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**A STUDENT WHO IS DISSATISFIED WITH THE DECISION CAN SUBMIT A CLAIM FOR A REVISED DECISION.**

The claim shall be presented within 14 days of the receipt of the decision..

The claim shall be addressed to: Diaconia University of Applied Sciences, Board of Examiners, Kyläsaarenkuja 2, 00580 Helsinki.

The claim shall be delivered to a study guidance counsellor at the campus.

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**THE HANDLING FEE FOR THE APPLICATION FOR REINSTATEMENT OF RIGHT TO STUDY IS €50.**

**Payable to the bank account of Diaconia University of Applied Sciences: Helsingin Osuuspankki Oyj OKOYFIHH, account number FI67 5541 2820 0223 75.**

**Include the message "Reinstatement of right to study".**

**The receipt for the handling fee must be appended to the application. Applications without a receipt for the handling fee or with otherwise insufficient information will not be processed.**