

APPLICATION FOR THE REINSTATEMENT OF STUDY ENTITLEMENT

Please include attachments of certificates in support of the application (e.g. medical certificates), transcript of records and receipt of the paid handling fee $(50 \in)$.

Name:		Social se	curity number	:
Street address, zip code and city:				
Phone:	E-mail:			
Campus:	Started in group:			
Degree programme:				
Start date of studies:	Number of	credits co	mpleted:	ECTS
STUDY ENTITLEMENT LOST DUE TO:				
Reasons for neglecting to register and justificat (enclose supporting documents, if necessary):			t of study enti	lement
The period allowed for studies has expi	red, no exte	nsion appli	cation submit	ted
I am applying to extend my study entitlement for	or the period	:		
Estimated date of graduation:	Missing stu	udies in tota	nl:	cr
REMAINING STUDIES: Study module:		ECTS	When to be completed:	
			-	



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Information regarding studies:
Reason for delayed progress (enclose supporting documents, if necessary):
Transcript of records, receipt of handling fee and other certificates attached
I have read and understood the instructions and terms on page 3.
Student's signature:
Date:
STUDY GUIDANCE COUNSELLOR'S STATEMENT
I recommend reinstatement of the student's study entitlement, effective from: :
I recommend reinstatement and extension for the period:
I recommend against reinstatement of the study entitlement.
Explanation:
Study Guidance Councellor's signature:
Date:



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VICE RECTOR'S DECISION		
Reinstatement upheld: Extension granted for the period: Reinstatement not upheld. Vice Rector's signature and name:		
	_ Date:	
DATA ENTERED IN STUDENT REGISTER		
Student Affairs Assistant's signature and name:	_ Date:	
	_ Date.	

INSTRUCTIONS

STUDY ENTITLEMENT CAN BE LOST BY

1. A student who has not registered as present of absent as instructed by the university of applied sciences. 2. A student, who has not completed their studies within a year of the recommended time (L351/2003, 25 §).

APPLY FOR THE REINSTATEMENT OF RIGHT TO STUDY USING THIS FORM.

Enclose attachments of certificates in support of the application (e.g. medical certificates) and a transcript of records. Submit the application to the campus you are registered to. The Study office will send the decision to your email.

A STUDENT WHO IS DISSATISFIED WITH THE DECISION HAS THE RIGHT TO SUBMIT A CLAIM FOR A REVISED DECISION.

The claim must be made within 14 days of receiving the decision. The claim shall be addressed to the Diaconia University of Applied Sciences Board of Examiners, Kyläsaarenkuja 2, 00580 Helsinki. Submit the claim to a Study Guidance Councellor of your campus.

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

Direct the fee to the Diaconia University of Applied Sciences bank account:

OP Yrityspankki Oyj FI86 5000 0120 4797 60.

Include the message" Reinstatement of right to study" in the text box. Please enclose a receipt of the paid handling fee with the application. Applications without a receipt of the handling fee or with otherwise insufficient information will not be processed.