



Application for restoration of doctoral student status

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|---|---|--|--|
| Surname (also previous surnames) | | First names | |
| Student number or date of birth | | | |
| Street address | | Post code and city (country if other than Finland) | |
| Phone number | | Email | |
| Major of the study right to be reinstated | | Previous degrees | |
| When was study right granted | Year of studies starting at the Faculty of Medicine | I was last an active student in year | |
| Possible reasons for restoration of status (use appendices if necessary) | | | |
| Date and signature | | | |
| Filled in by the Faculty | | | |
| <input type="checkbox"/> Accepted | | | |
| Major/Programme _____ | | | |
| <input type="checkbox"/> Not accepted. Reasons explained in the appendix. | | | |
| Signed by the Faculty / Date | | | |
| _____ Signature | | _____ Date | |