

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).

Social security numb	oer:
Zip code and city:	
Phone:	
Started in group:	
Number of credits co	ompleted:ECTS
on-attending	
	ment of study entitlement
ed, no extension applica	ation submitted
nent for the period:	
Missing studies i	n total: ECTS
ECTS	When to be completed:
	Zip code and city: Phone: Started in group: On-attending fication for the reinstate ry): ed, no extension application for the period: Missing studies in the period:



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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.		
Date: Student's signature:		
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:		
Date: Study Guidance Councellor's signature:		



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Reinstatement upheld: Extension granted for the period: Reinstatement not upheld. Date: Vice Rector's signature and name: Data entered in student register Date: Student Affairs Assistant's signature and name:	Vice Rector's dec	ision	
Reinstatement not upheld. Date: Vice Rector's signature and name: Data entered in student register	Reinstatement up	held:	
Date: Vice Rector's signature and name: Data entered in student register	Extension granted	l for the period:	
Data entered in student register	Reinstatement not	t upheld.	
	Date:	Vice Rector's signature and name:	
Date: Student Affairs Assistant's signature and name:	Data entered in student register		
	Date:	Student Affairs Assistant's signature and name:	
Instructions	Instructions		

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. Opiskeluoikeuden palauttamishakemuksen käsittelymaksu on 50 euroa.

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.