



Faculty of Health and Occupational Studies

APPLICATION
**ADMISSION ON SPECIAL
GROUNDS IN ORDER TO
START THE FOLLOWING
COURSE IN THE
PROGRAMME**

Date

.....-.....-.....

PERSONAL INFORMATION

Name	Date of birth
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PROGRAMME AND COURSE

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REASON FOR APPLICATION

Student's signature

Send the application to AHA-kansliet, Högskolan i Gävle, 801 76 Gävle

DECISION

Application approved

Application rejected

on the following grounds:

Gävle-.....-.....

Director of studies

Printed Name

APPEAL: If the application has been rejected, you may appeal. The appeal must be in writing. The letter should state what is being appealed and the desired change. The letter should be addressed to the University Appeals Board (ÖNH), but sent by post to the person who made the decision at the University of Gävle, (HiG), 801 76 GÄVLE, Sweden. It must reach the HiG within three weeks after the day you received the decision.