

## Application for exemption from study requirement

Personal identification number	First name	Surname
Address	Postal code	City/Town
E-mail	Telephone number	

Please tick the reason for your application.

- Tertiary level studies in another city/town Certificate attached.
- Internship, associated with current studies, in another city/town. Certificate attached.
- Medical reasons. Doctor's certificate attached.
- Parental leave. Certificate of parental benefit from the Swedish Social Insurance Agency attached.
- Other reason. Describe below and attach certificates if possible.

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**The completed form together with attachments must be sent to your local management office.**

**You can find addresses on our website: [www.heimstaden.com](http://www.heimstaden.com)**