

## 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.

---

---

---

---

---

---

This form is printed, filled in and sent by post to the address:  
**Heimstaden Sweden AB, Carl Gustafs väg 1 , 217 42 Malmö** or scanned via e-mail to  
**backoffice@heimstaden.se**