

Exemption from Language Studies

Faculty	SAIMAA UNIVERSITY OF APPLIED SCIENCES	
	Faculty/Unit	Location
Student	Last name	Social security number (or birthday)
	First names	Student number
	Degree programme	
Studies to be exempted	Name of study course	Extent in credits
	_____	_____
	_____	_____
	_____	_____
Details	(in appendix, when needed)	
Student's signature	Date and signature	
Grounds for exemption (previous studies)	Name of study course	Extent in credits
	_____	_____
	_____	_____
	_____	_____
Signature by Head of Degree Programme	Date and signature	

Recommendation by Dean of Faculty	() Recommended () Not recommended Details

Signature by Dean of Faculty	Date and signature

Decision	() Approved () Not approved Details

Rector's signature	Date and signature