

DECLARATION CONCERNING LACK OF STUDY/EDUCATIONAL ACTIVITY

If you have not pursued your prescribed study programme, or taken the required examinations, you must complete this form, so that we can consider your case.

Once the declaration has been completed and signed by you and your educational institution, please send it to info@deas.dk or by post to DEAS, Dirch Passers Allé 76, DK-2000 Frederiksberg.

YOUR DETAILS (THE UNDERSIGNED)

NAME* _____

CUSTOMER NO.* _____

ADDRESS* _____

POSTCODE* _____ TOWN/CITY* _____

*This field must be completed.

DETAILS OF YOUR EDUCATION PROGRAMME

EDUCATION PROGRAMME/EDUCATION FIELD* _____

PLACE OF EDUCATION* _____

NORMAL STUDY TIME (NO. OF YEARS)* _____

EDUCATION COMMENCED (MONTH/YEAR)* _____

EXPECTED COMPLETION (MONTH/YEAR)* _____

DURING THE LAST 12 MONTHS I HAVE PURSUED THE PRESCRIBED COURSE OF EDUCATION* YES NO

DURING THE LAST 12 MONTHS I HAVE TAKEN THE REQUIRED EXAMINATIONS/TESTS* YES NO

IF YOU REPLY YES TO BOTH, YOU MUST INSTEAD COMPLETE THE "DECLARATION CONCERNING STUDY/EDUCATIONAL ACTIVITY" FORM FROM DEAS.DK

Please describe the reason that you have not pursued the prescribed course of education, including taking the required examinations/tests, during the last 12 months. If this is due to illness, etc., please submit a medical declaration:

TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

The attached information concerning commencement date and normal time correspond to the information registered by the place of education.

YES NO

YES NO

The remaining part of the education programme will be completed within the normal time for this part of the education programme.

The remaining part of the education programme will exceed the normal time for this part of the education programme by _____ months.

DATE* _____

THE STAMP AND SIGNATURE OF THE EDUCATIONAL INSTITUTION*

WHEN IS YOUR NEXT EXAMINATION/TEST?

MONTH/YEAR* _____

WHICH?* _____

SIGNATURE

I hereby solemnly declare that the information provided is correct, and I accept that DEAS reserves the right to check the accuracy of the information.

DATE* _____

SIGNATURE* _____

