

DECLARATION CONCERNING STUDY/EDUCATIONAL ACTIVITY

If you have pursued your prescribed study programme, or taken the required examinations, you must complete this form, so that we can consider your case.

NOTE:

THIS FORM MUST BE COMPLETED IF YOU CAN ANSWER "YES" IN THE FIELDS BELOW.

IF YOUR ANSWER IS "NO" TO ONE OR BOTH QUESTIONS, YOU MUST INSTEAD COMPLETE THE ["DECLARATION CONCERNING LACK OF STUDY/EDUCATIONAL ACTIVITY" FORM](#)

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.

DETAILS OF YOUR EDUCATION PROGRAMME

EDUCATION PROGRAMME/EDUCATION FIELD*

PLACE OF EDUCATION*

NORMAL STUDY TIME (NO. OF YEARS)*

EDUCATION COMMENCED (MONTHS/YEARS)*

EXPECTED COMPLETION (MONTHS/YEARS)*

DURING THE LAST 12 MONTHS I HAVE PURSUED THE PRESCRIBED COURSE OF EDUCATION*

YES

DURING THE LAST 12 MONTHS I HAVE TAKEN THE REQUIRED EXAMINATIONS/TESTS*

YES

NB: IF YOU WISH TO ANSWER NO, YOU MUST INSTEAD COMPLETE THE "DECLARATION CONCERNING LACK OF STUDY/EDUCATIONAL ACTIVITY" FROM DEAS.DK

*This field must be completed.

YOUR DETAILS

NAME.*

CUSTOMER NO.*

ADDRESS*

E-MAIL*

POSTCODE*

TOWN/CITY*

DATE.*

SIGNATURE*