

Received by the university:
Date

Application for examination at other location

Complete all mandatory fields (marked *) on the computer, then print out the document (single sided), sign it and attach certification if necessary.

Personal of	details
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*Swedish ID number (YYMMDD-XXXX)		
*Postcode and place		
*Telephone/mobile number		
*Year of registration		
-		

*Date of examination	*Course code	*Course name

*The reason for my request is as follows (mark one option):

I am unable to attend examination at the regular LTU location due to personal illness or military service - must be supported by certification.

I am residing at another location for the purposes of my on-going program/course (e.g. work experience, degree project or course at other university) - must be supported by certification.

I have a residual exam (1 examination) left for a maximum of three years after the last semester.

- must be supported by certification.

I study according to the elite sports agreement.

I have contacted the following venue and have received confirmation that I may take the examination there at the set date and time:

*Name of examination venue		*ULR/Web address to examination venue	
*Name of contact	*Email		*Telephone number

* I have checked that as stated below.	the examination venue meets	the LTU requirements			
Examination venue requirem	ients				
The examination venue must have approved exam supervision procedures and premises. Approved supervision procedures means that an exam invigilator must be present in the exam room/premises for the entire duration of the exam.					
The examination venue must be education establishment.	The examination venue must be a college, university, learning centre or a similar higher education establishment.				
The examination must take place place of education, with timings	e at the same date and time as the always in Swedish local time.	examination is given at the			
Application					
, , , , , , , , , , , , , , , , , , , ,	tion form, you must have received uirements and that you may take t				
Personal illness or military service	e must be supported by certification	on.			
Complete and print ou	t the form, sign it and attach certif	ication if necessary.			
• The application form n					
course code to:	The state of the s				
_	ding in Sweden may send in their nt by E-mail, scan signed application				
N.B. Incomplete applications	s will be rejected.				
I give Luleå University of Technology permission to process my personal details in accordance with GDPR (General Data Protection Regulation). For more information see: https://www.ltu.se/student/Studera/Tentamen/Tentamen-pa-annan-ort-1.50352?l=en					
Signature					
*Place and date	*Name (printed)				
Signature					
Decision of Department	Granted	Not granted			
Department's statement in cases of not g	granted:				
Signature of decision-maker		Date:			