



**Valvira**

Sosiaali- ja terveystieteiden  
lupa- ja valvontavirasto

To be filled in by the authority:

Received \_\_\_\_\_

Register number \_\_\_\_\_

## Application for registration of a medical or dentistry student

To be filled in by the applicant

### Applicant's details

Surname (including former surnames) \_\_\_\_\_

First names \_\_\_\_\_

Personal identity code / date of birth \_\_\_\_\_

I undertake to notify Valvira of my Finnish personal identity code as soon as I receive it.

Citizenship \_\_\_\_\_ Native language \_\_\_\_\_

Street address \_\_\_\_\_

Post code \_\_\_\_\_ Town or city \_\_\_\_\_

Domicile or country of residence \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I agree that requests for further information, any consultation letter and other documents may be sent to me by e-mail.

University of Tampere 1st exam completed (*other than EU/EEA students*)

dd.mm.yyyy \_\_\_\_\_

Date and place \_\_\_\_\_

I want to receive the decision (*which will only be issued in one language*)

In Finnish

in Swedish



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To be completed by University

**Study information**

University's name \_\_\_\_\_

Student's name \_\_\_\_\_

Student's: enrollment date (dd.mm.yyyy) \_\_\_\_\_

estimated graduation date (dd.mm.yyyy) \_\_\_\_\_

I verify that the student has

(dd.mm.yyyy) \_\_\_\_\_ passed all compulsory 4th year studies

(courses and practical training)

(dd.mm.yyyy) \_\_\_\_\_ passed all compulsory 5th year studies

(courses and practicals)

**Contact information**

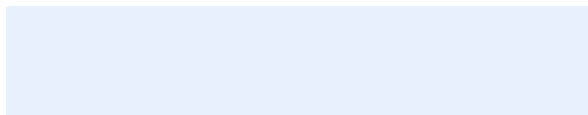
University's contact person \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature and name in block letters

\_\_\_\_\_

University's stamp



Date and place \_\_\_\_\_

*To be filled in by the authority:*

*Received* \_\_\_\_\_

*Register number* \_\_\_\_\_

## Attachments

Information on the required supporting documents can be found [on the Valvira website](#).

An incomplete application and/or incomplete attachments to the application will delay the processing of the application. Valvira will not return your application documents.

## Processing

Providing false information to an authority may lead to a penalty under the Criminal Code. Valvira may verify your education details in the country of your training and contact other authorities in order to investigate your application.

A fee will be charged for processing the case.

## Sending

Send the form and attachments by post to Valvira, PO Box 43, FI-00521 Helsinki.

Alternatively, you may send the completed form and its attachments as an email attachment to [kirjaamo@valvira.fi](mailto:kirjaamo@valvira.fi). Because e-mail is not recommended for sending confidential information, you may use a [secure message](#).

[Further information on submitting materials to Valvira by e-mail](#)

It is separately specified in the [application instructions](#) if the attachment must be sent by post.