**GENERAL TRAINING**

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| This form is for applying for permission to take general training.  |
| Student | Name of student |
|  |       |
|  | Student number | Degree programme/Option |
|  |       |       |
|  | Group |
|  |       |
|  | Telephone | E-mail |
|  |       |       |
| Place of employment | Company/organization |
|  |       |
|  | Address |
|  |       |
|  | Postal code and town/city |
|  |       |
|  | Field of business |
|  |       |
|  | Contact person |
|  |       |
| Training | Training period |  |  |
|  |    .   .      ―     .    .      |  |
|  | Duties |
|  |       |
| Signatures | Date and place | Signature of student |
|  |       |  |
|  | Date and place | Signature of approver of general training |
|  |       |  |
| Attachment | Letter of reference |