



## Certification of registration and full-time studies

The undersigned declares that

Name:	
Date of birth:	
Is registered as full-time student at: (name of college/university)	
Subject and degree:	
Date of commencing the studies:	
Estimated graduation date:	
The student follows the studies according to schedule	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional information (delay, leave ecc. )	

Date:

Signature and stamp of the institution:

Danish CPR-nr: (to be filled in by student)	Student's signature:
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You can either mail or fax this documentation to: Det Grønlandske Hus i København, Uddannelsesvejlederne, Løvstræde 6, Postbox 1042, 1007 København K, Denmark  
 Fax: +45 33 157590 or e-mail a copy to [cn@sumut.dk](mailto:cn@sumut.dk)