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Please make sure to complete the form carefully.
We may contact you for further information if necessary.
Send the form by mail. The address is
Kela, PL 10, 00056 KELA.

1. Student

Personal identity code or
date of birth

Family name and given name

2. Study module

Name of higher education institution

Partially completed study module (e.g. final project or thesis, practical training or name of study unit/course):

Study module started: autumn term of _____

spring term of _____

Studies for the study module have been completed in the following academic years. Also estimate the number of credits.

20____ - 20____ _____ credits 20____ - 20____ _____ credits

20____ - 20____ _____ credits 20____ - 20____ _____ credits

Extent of the study module: _____ credits.

Estimated time of completion: autumn term of _____

spring term of _____

3. Signature

I declare that the information given above is true and accurate.

Place and date

Signature and printed name of the teacher in charge of the study module