

**Application for an extension for submitting obligatory paper at IPED
(obligatory work requirement, obligatory study requirement, home exams etc.)**

| | | | | | | | | | | | | | | | | | | | | |
|-----------|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Last name | First and middle name | Personal number | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Address | | Zip code and city | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Telephone | E-mail address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

For those applying for an extension for UTVIT1100 and/or UVEXFAC, please fill in the following table (this form is also used when absent from the seminar groups):

| Sick leave from UTVIT100 and UVEXFAC10 | | | |
|--|-----------------------------------|-------------------------|--|
| Course code | Seminar group number (obligatory) | Work requirement number | Date of absence (when absent from seminar) |
| UTVIT1100 | | | |
| UVEXFAC | | | |

For other courses being taken at the Faculty of Educational Sciences, please fill out the following table with the course code, the exam date/submission deadline and what you are applying for:

| Which exam(s)/submission paper(s) does this apply to: | | Choose one alternative for each exam/submission paper by placing an x in the appropriate column: | |
|---|-------------------------------|---|--|
| Course code | Exam date/submission deadline | Applying for an extension | Do not wish to complete this semester due to an illness. * |
| | | | |
| | | | |
| | | | |

*You will be registered as having a doctor's certificate instead of an exam result. This will not count as an exam attempt.

I confirm having submitted a valid doctor's certificate along with this application.
(You can read more about what constitutes a valid certificate of illness [here](#))

Response to your application

You will be notified by email as to the outcome of your application.

Date and signature (student):

Date _____ Signature _____



Department of Education

Postal address: Postboks 1092 Blindern, 0317 Oslo
Visiting address: Sem Sælands vei 7, Helga Eng's hus, 5-th floor

Telephone: 22 84 44 75
Telefax: 22 85 42 50
ekspedisjonen@iped.uio.no
www. <http://www.uv.uio.no/iped/>