To the Dean of

05 August 2024

Application

I would like to be a continuing education learner at the in the .

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | | | |
| Family name |  | | | | | |
| Personal identification code or date of birth |  | | Citizenship | |  | |
| Phone |  | E-mail |  | | | |
| Address |  | | | | | |
|  | | | | Postal code | |  |

I would like to take the following courses:

|  |  |  |
| --- | --- | --- |
| Code | Course title | Number of credits (ECTS) |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |

Send the invoice to *(if someone else pays the invoice)*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name / institution |  | | | | |
| Personal identification code / registry code |  | | | | |
| Phone |  | E-mail |  | | |
| Address |  | | | | |
|  | | | | Postal code |  |

I confirm that I have read and agree to the [Cancellation and Refund Policy](https://www.ut.ee/en/cancellation-and-refund-policy).

Certificates

|  |
| --- |
| As a rule, the University of Tartu issues digital certificates.  I would like to request the certificate on paper. |

If Eesti Töötukassa (Estonian Unemployment Insurance Fund) pays for learning:

|  |  |
| --- | --- |
| Client number: | Department: |
| I agree that my personal data will be transferred to Eesti Töötukassa. | |
| I am informed of the requirements of the participation form and I undertake to complete the form accurately and submit it in a timely manner to the university representative. | |

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*Signature*

Please see [here](https://ut.ee/en/content/data-protection-policy) for the principles of processing personal data collected from the participants of the continuing education programmes offered by the University of Tartu.