To the Dean of

03 June 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. |

.........................................................................

*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.