



Validation application form is delivered to the amanuensis of Nursing Science at least two weeks before the validation date of the degree. Postal Address: Medical Faculty, Institute of Health Sciences, PO Box 5000, FIN-90014 University of Oulu, Finland, Street address: Aapistie 5A, room 264.

\_\_\_\_\_  
Last name, first names (underline name used)

\_\_\_\_\_  
Social security number or birth date

\_\_\_\_\_  
Address (also postal code)

\_\_\_\_\_  
Tel. home and/or work

\_\_\_\_\_  
Name of the programme and starting year

Validation date of the degree \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_

I want the diploma to be sent to me to the address referred above.

Final amount of credits in the degree \_\_\_\_\_.

Thesis has been approved \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ with grade \_\_\_\_\_.

Maturity test in English has been approved \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_.

SUBJECT / ADVANCED/ ELECTIVE STUDIES

ECTS

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Permission to publish a notification of graduation in a original newspaper YES / NO

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_