



Declaration of active study

I declare that I reside at the below mentioned address and that I have followed the study plan and taken the exams/tests prescribed by my place of education.

Name: _____

Address: Nybrovej 304 _____

E-mail: _____ Phone no.: _____

Education: _____

Place of education: _____

Start date (mo/yr). _____ Predicted end date (mo/yr) _____

Date	Signature tenant
_____	_____

This declaration is to be signed and stamped by your place of education.

Date	Signature and stamp from place of education
_____	_____

If you have not followed the prescribed study plan you must contact KAB to receive a special form.

If you prematurely end your studies or change education before the predicted end date given above, you must immediately notify KAB.