



DEGREE APPLICATION

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APPLICANT INFORMATION

Last Name	First Name	Swedish Personal Identity Number (personnummer)	
Address		Zip Code	City
Country	E-mail		Phone Number

DEGREES

GENERAL DEGREES <input type="checkbox"/> Higher Education Diploma <input type="checkbox"/> Degree of Bachelor <input type="checkbox"/> Degree of Master (60 credits) <input type="checkbox"/> Degree of Master (120 credits)	<input type="checkbox"/> Major Subject _____
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SIGNATURE

Date	Signature
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