

ACCEPTANCE FORM

Case no: _____
Higher officer in charge: _____

Return adress:
Faculty of Medicine and Dentistry
University of Bergen
Pb. 7804
N-5020 BERGEN
NORWAY

You must complete and return this form as soon as possible after receiving an offer of a post, and no later than (date):

REGARDING LETTER OF APPOINTMENT FOR

I hereby confirm that: (name) _____

I accept the offer (mark with an X) **at the department of** _____

I am going to start (date):

I have agreed the following start date with the department

Delayed start. A delayed start can be necessary in the event that you have a notice period in your current position or you are on parental leave.

You have to apply for a delayed start date in a separate letter.

turns down the offer

date

signature