

**Valvira**Sosiaali- ja terveystieteen
lupa- ja valvontavirasto**MEDICAL/DENTAL STUDENT REGISTRATION
Notification**

Last name (including any previous last names)	
First name	
Personal identity code / Date of birth	
Nationality	
Native language	
Address	
Postcode	Town/City
E-mail	Telephone number
First examination at University of Tampere completed (non-EU/EEA students only) dd.mm.yyyy	
Place and date	

Signature

Signature	Print name
-----------	------------

To be completed by the higher education institution

Name of higher education institution	Matriculation date dd.mm.yyyy
4th year studies completed dd.mm.yyyy	5th year studies completed dd.mm.yyyy
Place and date	
Signature and university stamp	Print name
E-mail	Telephone number

Appendices required:

- Certified copy of your passport (In Finland, documents are certified by the notary public).
- Academic transcript submitted either in original or as a certified copy. Where necessary, the transcript should be translated into Finnish, Swedish or English by an authorised translator. The translated documents must be submitted in original or as a certified copy (see above).
- Certified copy of language proficiency certificate (non-EU/EEA nationals).

Please send your notification to:

National Supervisory Authority for Welfare and Health (Valvira)
PL 210
00531 Helsinki, Finland

--	--