

Stuðulsstovnurin
Faroese Student Grant Fund**Certification of registration and full-time studies****The undersigned declares that:**

Name	
Date of birth	
Is studying at (school/university)	
Subject	
Date of commencing the studies	
Estimated graduation date	
The student follows the studies according to schedule	Yes _____ No _____
Additional information (delay, leave, ecc.)	

Date:**Signature and stamp:**

Sendast til Studni, Hoyvíksvegur 72, Postsmoga 3279, FO 110 Tórshavn

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