

Studni
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, etc.)	

Date:**Signature and stamp:**