KUNSTHØGSKOLEN I OSLO OSLO NATIONAL ACADEMY OF THE ARTS

Application for/Notification of Absence from an Exam

We refer to section 6.5 of the regulations concerning studies at the Oslo National Academy of the Arts.

Valid reasons for being absent from an exam are illness, important circumstances related to the student's well-being, or other exceptional reasons that must be documented.

A valid reason for being absent entitles the student to postpone an exam.

Required documentation

In order for absence from an exam to be considered valid, a medical certificate (see p. 2) or other relevant documentation must be provided.

Deadline

Absence from an exam must be reported prior to the start of an exam, and the relevant form (attached with a medical certificate and/or other valid documentation) must be sent as quickly as possible and no later than three workdays after the exam.

Absence that is not approved

If you fail to give prior notification of your absence, or if the reasons for your absence are not considered valid, it will be counted as an attempt at taking the exam. The same applies to students who submit a blank answer sheet, who withdraw during an exam without a valid reason or who, without a valid reason, fail to submit reports, works, home assignments or the like within the prescribed deadlines.

Note that you are only allowed to take an exam in the same course three times.

Last name:	First name:	Student no.:		
Address:	Postal code:	City/town:		
E-mail:	Tel.:	Applied before (yes/no):		
Academic programme:				
I am giving notification of absence from the exam in the following course:				

Course code Course name Exam date

My absence from the exam is for the following reason (tick a box):

Illness	
Compelling reasons related to well-being	
Other exceptional reasons	

Place and date	The student's signature

Doctor's/Expert's Statement

This statement is to be used in conjunction with an application for/notification of being absent from an exam.

The information in this form is exempt from public disclosure pursuant to section 12 of the

Freedom of Information Act and section 13.1(1) of the Public Administration Act.

To be filled in by a doctor/specialist:

Personal ID no. (11 digits):			
First name:	First name:		
Description of the illness/ disability /d			
The student is put on sick leave for the period	From (date):	To (date):	
Date: Doctor's/expert's signature and stamp:			