



Form for authorization in Ladok

EPPN (AD namnet + @slu.se)

Name:

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Home institution:

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Authorized on inst:

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Result reporter

Certifier

External supervisor

Administrator

Mobility

Servicecenter

Write which authorization applies:

Other (ex.PSR, ISR, Course
leader)

Signature of head of department/equivalent

Institution (if the certificate is at a different
institution than where the course is given):

Head of department:

Send this form to: ladok@slu.se