

Approval of work placement in accordance with the course syllabus  
**WORK PLACEMENT FOR CRIMINOLOGY PROGRAMME STUDENTS,**  
 15 credits

**Student data**

|                   |                          |
|-------------------|--------------------------|
| Name              | Personal identity number |
| Street address    | Telephone number         |
| Postcode and town | Mobile number            |
| E-mail address    | Placement dates          |

**Work placement data**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| Company/organization/gov. agency | Supervisor (name and position)      |
| Postal address                   | Telephone, supervisor               |
| Postcode                         | E-mail address                      |
| Town and country                 | Telephone, company/org./gov. agency |

**NOTE! A short description of the organization and possible work duties should be provided in a separate document.**

**Signatures**

.....  
 Student/date

.....  
 Work Placement Supervisor

.....  
 In BLOCK LETTERS and date

.....  
 Supervisor at Örebro University

.....  
 In BLOCK LETTERS and date

Scan and e-mail to:  
[studievagledning.BSR@oru.se](mailto:studievagledning.BSR@oru.se)