(Photograph)

HØGSKOLEN I ØSTFOLD

ØSTFOLD UNIVERSITY COLLEGE

STUDENT APPLICATION FORM

ACADEMIC YEAR
FIELD OF STUDY

This application should be completed in BLACK in order to be easily copied and /or telefaxed

SENDING INSTITUTION
Name and full address:
Høgskolen i Østfold, Os allé 9, N - 1757 Halden

Departmental coordinator - name, telephone and telefax number, e-mail box:

Institutional coordinator - name, telephone and telefax number, e-mail box:
Ellen Høy-Petersen, tel: +47 69215013, fax: +47 69215002, e-mail: ellen.hoy-petersen@hiof.no

STUDENTS PERSONAL DATA
(to be completed by the student applying)

Family name:	First name:
Date of birth:	Nationality:
Place of birth:	
E-mail address:	
Current address:	Permanent address (if different):
Current address is valid until:	
Telephone number:	
Contact person in Norway:	Telephone number contact person:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM
(in order of preference)

Institution	Country	Period of study From	To	Duration of stay (months)	No. of expected ECTS credits
1.					
2.					
3.					

Briefly state the reasons why you wish to study abroad:
……
……
……
……

LANGUAGE COMPETENCE

Mother tongue: ……. ……Language of instruction at home institution (if different)……

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	YES	NO	YES	NO	YES	NO
……	☐	☐	☐	☐	☐	☐
……	☐	☐	☐	☐	☐	☐
……	☐	☐	☐	☐	☐	☐

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
……..			
……..	……	……	……
	……	……	……

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: …….
Number of higher education study years prior to departure abroad:……...
Have you already been studying abroad? YES ☐ NO ☐
If yes, when and at which institution?…….

The attached transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad
YES ☐ NO ☐

I accept the conditions attached to a SOCRATES-ERASMUS placement

SIGNED _____ **DATE** _____

RECEIVING INSTITUTION

We hereby aknowledge receipt of the application, the proposed learning agreement and the candidates Transcript of records

The above-mentioned student is

- ☐ provisionally accepted at our institution
- ☐ not accepted at our institution

…….. ……

Departmental co-ordinator's signature Institutional co-ordinator's signature