Photograph

HØGSKOLEN I ØSTFOLD

ØSTFOLD UNIVERSITY COLLEGE

WWW.HIOF.NO

STUDENT APPLICATION FORM

ACADEMIC YEAR: 2006/2007

APPLICATION DEADLINE FOR THE AUTUMN SEMESTER: 1 JUNE

Application deadline for the spring semester: 1 November

I want to apply for:

- ☐ Erasmus studies
- ☐ Nordplus studies
- ☐ Bilateral agreement studies
- ☐ Others

- ☐ Full Year
- ☐ Autumn Semester
- ☐ Spring Semester

Please enclose the following documents:
- certified copy of your Transcript of Records/University Diplomas
- CV (curriculum vitae)

HOME INSTITUTION (only necessary for Erasmus, Nordplus and Bilateral agreement students)

Name and full address:

Departmental coordinator - name, telephone and fax number, email:

Institutional coordinator - name, telephone and fax number, email:

STUDENT'S PERSONAL DATA (for all applicants)
(to be completed by the student applying)

Family name: First name:

Date of birth: Nationality:

Place of birth:

Email: Phone:

Contact person at home (eg parents): Phone:

Current address: Permanent address (if different):

Current address is valid until: ……

LANGUAGE COMPETENCE

First language:

Language of instruction at home institution (if different):

Other languages ..... Level: Beginner/Intermediate/Advanced

..... Level: Beginner/Intermediate/Advanced

..... Level: Beginner/Intermediate/Advanced

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: …….

Number of higher education study years prior to departure abroad:……...

I APPLY FOR ADMISSION TO:

Course code	Course title	Number of ECTS credits

By signing this form you are indicating that you will observe and be subject to the regulations of Østfold University College for the duration of your study abroad. It is your responsibility to make any insurance arrangements that may be necessary. Your attention is drawn to the advisability of taking out medical, personal injury, personal property, liability and other relevant insurance for the period of the placement.

SIGNED _____ **DATE** _____

For Erasmus, Nordplus and Bilateral agreement students: your institution must verify this application.

On behalf of the institution

SIGNED _____ **DATE** _____

Please return this document to:
Østfold University College, N - 1757 Halden, Norway