Høgskolen i Østfold

**Photograph**

***Østfold University College***
***www.hiof.no/english***

# STUDENT APPLICATION FORM

**ACADEMIC YEAR: 20__/20__**

Application deadline for the autumn semester: 15 May
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**

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 |
|---|---|---|
| | | |
| | | |
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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**