Sámi allaskuvla

APPLICATION FORM FOR INTERNATIONAL STUDENTS

Address:
Sámi allaskuvla
Hánnoluohkká 45
N-9520 Guovdageaidnu, NORWAY
E-mail: postmottak@samiskhs.no
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Fax: +47 78487702



Deadlines:
- 15th April (Autumn)
- In May (Summer)
- 15th November (Spring)

NOTE: Use CAPITAL letters only

1 Personal details

Family / last name and given name (all names in passport)	Date of birth (dd/mm/yyyy)
If applicable: Norwegian ID nr Passport Number	Attachments __ Copy of your passport __ 2 recent passport photos
Contact address for correspondence (street, city and country)	Telephone
E-mail address	Cellphone
Permanent address (street, city and country)	Telephone
E-mail address	Cellphone
Contact person in Norway	E-mail address
Relationship	Telephone

2 Residence status

Do you have a residence permit in Norway?	___ Yes ___ No
If yes, specify type:	___ As a student ___ As an EU-citizen ___ As a guest visa
If no, to which Norwegian Embassy or Consulate will you be applying for a visa?	

3 Study intentions

Planned length of stay at Saami University College
___ Saami Language and Society ___ Half-year program ___ One-year program ___ Bachelor ___ Master

Have you previously applied to Saami University College?	___ Yes If yes, when? …… ___No

4 Intended studies

I want to start my studies ___ Autumn ___ Spring ___ Summer		
Priority	Name of Program	Prior learning and work experience (cross)
1st		
2nd		
3rd		

5 Language proficiency

Mother Tongue	
Language of instruction	

English

Do you fulfil the English requirements?	___ Yes ___No
When and where did you learn English?	
Name of test / exam, date and grade:	

Norwegian

Do you fulfill the Norwegian requirements?	___ Yes ___No
When and where did you learn English?	
Name of test / exam, date and grade:	

6 Educational background

List all educational institutions attended, beginning from primary school, including any education in progress and previous study abroad. Certified copies of all documentation of your education must be enclosed or sent directly from the issuing school. Translations of all documentation into English or Norwegian must be enclosed.

Institution	From - To (dd/mm/yyyy)	Degree/studies	Attachment	**College use only**
a)	/		nr.	
b)	/		nr.	
c)	/		nr.	
d)	/		nr.	

7 Professional experience

When applying to half-year or one-year programs list all your professional experience after primary school. Certified copies of all documentation of your professional experience must be enclosed. Translations of all documentation into English or Norwegian must be enclosed.

Institution / Firm / Organisation	Occupation / Title / Position	From - To (dd/mm/yyyy)	Attachment / Reference	**College use only**
a)			nr.	
b)			nr.	
c)			nr.	
d)			nr.	
e)			nr.	

8 Special needs/ additional information

Use separate sheet if needed.

9 Emergency contact

Contact person in Norway		Relationship
Contact address (street, city and country)		E-mail address
Telephone	Cellphone	Fax

10 Where did you find out about Saami University College?

I declare that I have provided complete and accurate information. To the best of my knowledge, I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain me. I also authorize release of any documentation submitted by me in connection with this application to any person, firm, corporation, association or government agency, for purpose of explanation or verification. I understand that omission or misinformation may void my admission or result in dismissal.

Place **Date** **Signature**

SAAMI UNIVERSITY COLLEGE CONTACT DETAILS

	E-mail: postmottak@samiskhs.no Fax: +47 78487702
Return this application: Sámi allaskuvla, Hánnoluohkká 45 N-9520 Guovdageaidnu, NORWAY	Fax can be used with applicants' signature.