MULTI-PURPOSE FORM

- Kan brukes som internt søknadsskjema
- Kan også brukes som første søknadsskjema til utenlandsk universitet
- Studenten leverer skjema til internasjonal kontaktperson på avdelingen
- Internasjonal kontaktperson sender underskrevet kopi av skjema til internasjonal koordinator.

SOCRATES/ERASMUS STUDENT APPLICATION FORM

20__/20__

FIELD OF STUDY: _____

1. FINNMARK UNIVERSITY COLLEGE (to be completed by the co-ordinator)
Name and full address of the faculty/department:

_____

_____

International co-ordinator: name/tel/fax/e-mail

_____

_____

2. STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:		Given name(s):			
Date of birth:		Sex:	M / F	Nationality:	
Norwegian ID-no.:		Marital status:			
Current address:		Permanent address:			
Bank account:					
Telephone:		Telephone:			
Address valid until:		E-mail:			
Years of higher education prior to departure:					
Degree/qualification for which you are currently studying:					
Date when you began these studies:					

3. STUDIES ENVISAGED ABROAD

Receiving institution	Country	Period of stay from – until	Total number of months	Expected credits

State briefly the reasons why you wish to take part in the SOCRATES/ERASMUS exchange programme.

_____

_____

_____

LANGUAGE COMPETENCE	Currently studying this language	Sufficient knowledge to attend lectures	Sufficient knowledge with extra preparation
English			
French			
German			
Other:			

PREVIOUS AND CURRENT HIGHER EDUCATION STUDIES (one line per year)			
Field of study	Degree/Diploma/Grade	Institution/Country	Academic year

4. DETAILS ON THE PROPOSED STUDY PROGRAMME ABROAD (course titles etc.)

_____

_____

_____

(use extra sheet if necessary)

For the reception of the ERASMUS grant, please fill in the following:
Bank account number: _____
Have you received an Erasmus grant before ? Yes - No

Student's signature:

_____ Place/date: _____

ON BEHALF OF THE FINNMARK UNIVERSITY COLLEGE:

I confirm that this application has been approved.

International co-ordinator's signature:

_____ Place/date: _____

When completed, the application form (2 pages) together with the student's transcript of records to date (higher education only), in English, must be sent to the co-ordinator at the receiving institution, and to Finnmark University College, Office for Foreign Students.

DECISION FROM DEPARTMENTAL CO-ORDINATOR AT RECEIVING INSTITUTION

I hereby acknowledge receipt of this 2 page application form and the candidate's transcript of records. The above mentioned student is **accepted** at my institution.

A copy of this last page of the application, signed by the co-ordinator of the receiving institution, must be returned to Finnmark University College.

Co-ordinator's signature

..... Place/date:.....