

Photograph
of student

APPLICATION FORM 2010/2011 OUTGOING EXCHANGE STUDENTS

Sending institution:	AALESUND UNIVERSITY COLLEGE
Address:	6025 AALESUND, NORWAY
Tel:	+47 70 16 12 00
Fax:	+47 70 16 13 00
Department coordinator(s):	
Tel. (direct line):	
E-mail address:	
Institutional coordinator(s):	Anne Ulla
Tel. (direct line):	+47 70 16 12 34
E-mail address:	au@hials.no

STUDENT'S PERSONAL DATA

Family name:	First name(s):
Date of birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Nationality:	Place of birth:
Current address:	Permanent address (if different):
Tel:	
E-mail:	

NEXT OF KIN / EMERGENCY CONTACT PERSON IN NORWAY:

Name:	
Address incl. country:	
Telephone (incl. country and area code):	Fax (incl. country and area code):
Email:	

LANGUAGE COMPETENCE

Native language:	
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Please cross out how you evaluate your skills in the following languages (A, B or C):

	A) I have a sufficient level to follow lectures:	B) I will need some extra preparation to follow lectures:	C) I have no knowledge of this language:
English			
German			
Spanish			
French			
Other (state which language):			

Degree for which you are currently studying at AAUC:	
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Name of institution abroad you are applying to:	
Study period you are applying for:	

The student must attach transcript of records in English of previous and current higher education studies. The student must also make sure that he/she has necessary insurance for the period abroad.

Student's signature _____ Date: _____

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript of records.

The above-mentioned student is accepted.

Remarks:

Name of receiving institution _____ Date: _____

Signature: _____ Position: _____