

STUDENT APPLICATION FORM

ACADEMIC YEAR: 2016/2017

Application deadline for the autumn semester: 1 April
Application deadline for the spring semester: 1 October

I want to apply for:

- Erasmus studies
 Autumn Semester
 Spring Semester

Duration of stay in months:.....

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

By signing this form you are indicating that you will observe and be subject to the regulations of Sophiahemmet University 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 and Bilateral agreement students: your institution must verify this application.

On behalf of the institution

SIGNED _____

DATE _____

Please return this document to:

**Sophiahemmet University
International Office
Att: Madelène Westerberg
Box 5605
114 86 Stockholm
Sweden**