

APPLICATION FOR ADMISSION Exchange Students

To be filled in by the student

TYPE OF EXCHANGE

- | | | |
|---|--|---|
| <input type="checkbox"/> Erasmus | <input type="checkbox"/> Nordtek | <input type="checkbox"/> SI Scholarship |
| <input checked="" type="checkbox"/> Bilateral | <input type="checkbox"/> ISEP | <input type="checkbox"/> Tempus Scholarship |
| <input type="checkbox"/> Nordlys | <input type="checkbox"/> ISEP Multilateral | <input type="checkbox"/> Palme Scholarship |

PERIOD OF EXCHANGE

- Full year 20...../20.....
 Autumn semester 20.....
 Spring semester 20.....

PERSONAL DATA *Please type or print clearly*

Family name	First (given) name	
Permanent address in home country		
City	Postal Code	
State/Province	Country	
Telephone	Fax	E-mail
Date of birth		
____ / ____ / ____ Year Month Day	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Citizenship		

HOME INSTITUTION

Home university		
Department		
Address incl. country		
Institutional contact person(s)		
Telephone	Fax	E-mail

SPECIAL NEEDS

- Please tick this box if you have a disability which demands extra support. Attach a medical statement and a detailed description of your need of special arrangements.

PREVIOUS STUDIES

All previous studies must be confirmed by your latest Transcripts of Records. All courses taken must be registered on the transcript.

PRESENT STUDIES

Area of study at home university:	
Since:	Expected date of graduation:
Number of completed semesters at undergraduate level:	
I am currently studying the following courses:	
If you are an Education student, state level: <input type="checkbox"/> Pre-school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	

LANGUAGE PROFICIENCY

Primary language: Language of instruction at home institution (if different):.....

Specify proficiency in each language below (none, poor, fair, good), if not your primary language:

	Oral understanding	Reading	Writing	Speaking
Swedish				
English				

NEXT OF KIN

Name
Address incl. country
Relationship to you
Telephone (incl. Country and area code) Fax (incl. country and area code)
E-mail

INSURANCE (to be completed on arrival at Luleå if you do not have this information now)

Name of insurance company:
Address incl. country:
Policy number:
What kind of insurance do you have?: <input type="checkbox"/> Health (obligatory) <input type="checkbox"/> Third party (recommended) <input type="checkbox"/> Personal property (recommended)
If you have an E128 form, tick here <input type="checkbox"/> (the form must be in English)

APPLICATION FOR COURSES

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT A TRANSCRIPT OF RECORDS!

NAME IN BLOCK LETTERS:

AUTUMN SEMESTER (QUARTER 1 AND 2)

Period	Code	Course title	Points	ECTS

SUBSTITUTES (If the courses above are filled or cancelled)

Period	Code	Course title	Points	ECTS

SPRING SEMESTER (QUARTER 3 AND 4)

Period	Code	Course title	Points	ECTS

SUBSTITUTES (If the courses above are filled or cancelled)

Period	Code	Course title	Points	ECTS

STUDENT'S SIGNATURE

I herewith declare that I have completed this form in good faith:

Date

Signature

To be filled in by sending institution

SIGNATURE ON BEHALF OF HOME INSTITUTION

I hereby certify that this student has been selected by her/his home university to participate in the exchange programme with Luleå University of Technology

.....
Name of sending institution

.....
Name of exchange co-ordinator

.....
Job title

.....
Signature

.....
Date

Official stamp:

Appendices:

- Transcripts of records (obligatory for all students)
 Music Cassette (obligatory for Music students)
 Documents confirming special needs
 One passport size photo
 Other documents.....

Submit this application before 1 May or 1 November to:

UI Study Abroad Office
901 Paradise Creek Street
LLC Building # 3, Ground Floor
Moscow, ID 83844-1250

(Note! The deadline for applications to the School of Music for the academic year is April 1.)