



MIKKELIN AMMATTIKORKEAKOULU
MIKKELI POLYTECHNIC

photo

APPLICATION FORM FOR THE INCOMING EXCHANGE STUDENTS

Study period at the receiving institution: ACADEMIC YEAR 200__ / 200__

Autumn term Spring term

Field of study: _____

APPLICANT DETAILS

Surname: _____ First name: _____

Date of birth: _____ Male Female

Current address: _____

Permanent address: _____

E-mail: _____ Telephone: _____

SENDING (home) INSTITUTION

Name of the institution: _____

Address: _____

Name of the contact person: _____

Contact details: E-mail: _____

Telephone: _____ Fax: _____

EXCHANGE PROGRAMME

Socrates/Erasmus Nordplus EU-US Bi-lateral agreement between the institutions

LANGUAGE COMPETENCE

Mother tongue: _____ Language of instruction at home institution: _____

Other languages: Excellent Good Basics

PERSON(S) TO CONTACT IN CASE OF EMERGENCY

Name: _____

Address: _____

Telephone number (including area code): _____

Student 's signature: _____ Date: _____

This is to confirm that the applicant is nominated for the student exchange programme.

Coordinator 's signature: _____ Date: _____

Please return this form to:

Mikkeli Polytechnic, International office, Ms Ulla Hämäläinen, Education Coordinator
P.O.Box 181, 50101 Mikkeli, Finland

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E-mail: ulla.hamalainen@mikkeliyamk.fi