



**VOLDA UNIVERSITY
COLLEGE**

**ERASMUS / EEA / LLP / FREEMOVER
APPLICATION FORM FOR ADMISSION**

ACADEMIC YEAR 2013/2014

Photograph

Family name _____

First names _____

Male ☐ Female ☐

Permanent home address

Address for Correspondence
(if different from home address)

Telephone Number _____

Email address _____

Date of Birth ____ / ____ / ____
 DD MM YY

Nationality _____

Person to contact in case of emergency:

Name _____

Telephone Number _____

Home University _____

Country _____

Proposed courses you wish to study
at Volda University College _____

Proposed period of study

Autumn semester: 20 August 2013 - 20 December 2013

☐

Spring semester: 6 January 2014 - 17 June 2014

☐

Alternative period of study dates: from ____ / ____ / ____ to ____ / ____ / ____

ERASMUS Departmental Representative/Coordinator at your Home University

Name: _____

Department/Faculty: _____

Telephone: _____ E-mail: _____

The year of study that you are currently in: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Title of degree for which you are currently studying: _____

Language Competence

Language of instruction at Home University: _____

Please answer the following questions:

Have you taken the TOEFL test or other internationally recognised proficiency test in English? Yes ☐ No ☐

If yes, state test and result _____

Are you currently studying English Yes ☐ No ☐

How would you rate your abilities:

	None	Poor	Fair	Good
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider you have sufficient knowledge to follow lectures Yes ☐ No ☐

Disability

Please give details (if applicable) of any disability or special needs (including dyslexia or medical condition)

**PLEASE INCLUDE WITH THIS FORM AN OFFICIAL TRANSCRIPT OF YOUR
ACADEMIC STUDIES AND GRADES IN ENGLISH**

Students Signature _____ Date _____

Signature on behalf of the Home Institution

I hereby certify that this student has been approved by his/her home University for studies at Volda University College.

Name _____ Title _____

Signature _____ Date _____



LEARNING AGREEMENT

2013/2014

DETAILS OF THE PROPOSED PROGRAMME ABROAD/LEARNING AGREEMENT

For details of course codes and titles, please contact beleuta@hivolda.no or refer to <http://www.hivolda.no/english>

Course code	Course Title	Department	ECTS Credits

Student's name (Capitals)

Signature.....Date.....

SENDING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date

Date

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date

Date

CLOSING DATES FOR APPLICATIONS

For Autumn semester : 15 May 2013

For Spring semester : 15 November 2013

**PLEASE REMEMBER TO INCLUDE AN OFFICIAL TRANSCRIPT OF
YOUR ACADEMIC STUDIES AND GRADES**

PLEASE RETURN FORM TO:

**IULIA BELEUTA
International office
Volda University College
Box: 500
NO-6101 Volda
Norway**