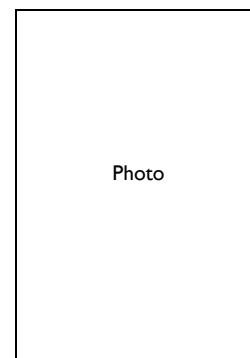




Students coming to Oulu, please return to:  
(1) **the Departmental Coordinator concerned in Oulu**  
or  
(2) University of Oulu  
International Relations  
P.O.Box 8100  
FIN – 90014 OULUN YLIOPISTO  
FINLAND



## EXCHANGE STUDENT APPLICATION FORM

### 1 Personal Data

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender:  female    male  
                                  day        month        year

Citizenship: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2 Exchange program

NORDPLUS       SOCRATES / ERASMUS       TEMPUS

Other program / scholarship, please specify:  
\_\_\_\_\_

Host institution: \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Planned duration of your exchange: From \_\_\_\_\_ To \_\_\_\_\_

Proposed date of arrival: \_\_\_\_\_

### 3a Home institution

Institution name and full address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Departmental Coordinator (name, tel, fax, and e-mail):  
\_\_\_\_\_  
\_\_\_\_\_

Institutional Coordinator (name, tel, fax, and e-mail):  
\_\_\_\_\_  
\_\_\_\_\_

**3b  
Studies at  
home  
institution**

Number of higher education study years: \_\_\_\_\_

Diploma / degree for which you are studying: \_\_\_\_\_

Field of study/major: \_\_\_\_\_

Date you began these studies: \_\_\_\_\_

Please, give a short description of studies at home institution below, and enclose a Transcript of your Academic Records.

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**4  
Language  
competence**

Native language: \_\_\_\_\_

Level in language proficiency other than native language:

	Excellent	Good	Sufficient	Poor
Finnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5  
Housing**

Will you require housing on campus?

- Yes **If yes, attach the Housing Reservation Form to your Application.**  
 No

**6  
Enclosures**

- Learning Agreement  
 Transcript of Records  
 Certificate of Language Competence (applicants whose mother tongue is not Finnish or English)  
 Others: \_\_\_\_\_

Date and signature of the student \_\_\_\_\_

Date and signature of the departmental coordinator \_\_\_\_\_

**NB! University of Oulu Academic Calendar: Fall term 1.9. - 15.12.  
Spring term 10.1. - 15.5. / 30.5.**

# LEARNING AGREEMENT

## Personal Data

Academic year: 20\_\_\_\_ / 20\_\_\_\_

Field of study: \_\_\_\_\_

Name of student: \_\_\_\_\_

Name of home institution: \_\_\_\_\_

Country: \_\_\_\_\_

Name of host institution: \_\_\_\_\_

Country: \_\_\_\_\_

Please tick the appropriate box if you are planning to participate in one the International Programmes offered by the University of Oulu:

- |   |   |
|---|---|
| <input type="checkbox"/> Applied Language Studies (full year)<br><input type="checkbox"/> Japanese Studies (full year)<br><input type="checkbox"/> Northern Nature and Environment (full year)<br><input type="checkbox"/> Master of Education, International Programme (full year)<br><input type="checkbox"/> Software Business Programme (full year)<br><input type="checkbox"/> Scandinavian Studies (Sept – Dec) | <input type="checkbox"/> Nordic Design (Sept - Dec)<br><input type="checkbox"/> Modern Nordic Architecture (Oct – Feb)<br><input type="checkbox"/> Early Childhood Education (Jan-May)<br><input type="checkbox"/> Northern Cultures and Societies (Jan - May)<br><input type="checkbox"/> Northern Women Studies (10 credits)<br><input type="checkbox"/> World Indigenous Graduate Exchange (Jan-May) |
|---|---|

## Studies during the exchange

### a) Participation in international programmes

Only for students coming to Oulu

### b) The proposed study programme or research project

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	ECTS credits

*If necessary, continue this list on a separate sheet.*

# CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

## Personal data

Name of student: \_\_\_\_\_

Name of home institution: \_\_\_\_\_

Country: \_\_\_\_\_

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	ECTS credits
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

*If necessary, continue this list on a separate sheet.*

## Signatures

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HOME INSTITUTION

We confirm that this proposed Programme of Study / Learning Agreement is approved.

Departmental Coordinator's signature

Signature of the Head of Department or Institutional Coordinator

\_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### HOST INSTITUTION

We confirm that this proposed Programme of Study / Learning Agreement is approved.

Departmental Coordinator's signature

Signature of the Head of Department or Institutional Coordinator

\_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

# TRANSCRIPT OF RECORDS

## Home institution

Name of home institution: \_\_\_\_\_

Faculty / Department: \_\_\_\_\_

Departmental Coordinator: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Host institution

Name of host institution: \_\_\_\_\_

Faculty / Department: \_\_\_\_\_

Departmental Coordinator: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Personal data

Family name: \_\_\_\_\_ Given names: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_ Sex:  male  female

Matriculation date: \_\_\_\_\_ Matriculation number: \_\_\_\_\_

Course Unit code (1)	Title of the course unit	Duration of course unit (2)	Local grade (3)	ECTS grade (4)	ECTS credits (5)

to be continued on a separate sheet

Total: \_\_\_\_\_

## Diploma / degree

(1) (2) (3) (4) (5) see explanation on back page

Diploma / Degree awarded:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Registrar / Dean / Administration Officer:

\_\_\_\_\_ Name in block letters: \_\_\_\_\_

Stamp of institution:

**NB: This document is not valid without the Signature of the Registrar / Dean / Administration Officer, and the Official Stamp of the Institution.**

**(1) Course unit code:**

Refer to the ECTS Information Package

**(2) Duration of course unit:**

Y = I full academic year  
IS = I semester 2S = 2 semesters  
IT = I term / trimester 2T = 2 terms / trimesters

**(3) Description of the institutional grading system:**

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**(4) ECTS grading scale:**

ECTS Grade	% of successful students normally achieving the grade	Definition
A	10	EXCELLENT - outstanding performance with only minor errors
B	25	VERY GOOD - above the average standard but with some errors
C	30	GOOD - generally sound work with a number of notable errors
D	25	SATISFACTORY - fair but with significant shortcomings
E	10	SUFFICIENT - performance meets the minimum criteria
FX	-	FAIL - some more work required before the credit can be awarded
F	-	FAIL - considerable further work is required

**(5) ECTS credits:**

I full academic year = 60 credits  
I semester = 30 credits  
I term / trimester = 20 credits