



# APPLICATION FORM 2017/2018

ERASMUS  EEA  NORDPLUS  FREEMOVER

*(choose the exchange programme relevant for you)*

## Personal Information

Family name(s) \_\_\_\_\_

First name(s) \_\_\_\_\_

Male  Female

Nationality \_\_\_\_\_

Date of birth   /  /    
DD / MM / YYYY

Photograph

Permanent home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address for correspondence  
*(if different from home address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number (with country code) \_\_\_\_\_

Email address \_\_\_\_\_

## Person to contact in case of emergency:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Courses you wish to study at Volda University College \_\_\_\_\_

Autumn semester  Spring semester  Academic year

Home university (if applicable) \_\_\_\_\_

Coordinator at your Home University (if applicable)

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Current year of study:

1  2  3  4  5

Title of degree for which you are currently studying: \_\_\_\_\_

\_\_\_\_\_

### Language Proficiency

Language of instruction at Home University \_\_\_\_\_

Have you taken the TOEFL test or other internationally recognized proficiency tests in English?

Yes  No

If yes, state which test and the results \_\_\_\_\_

Are you currently studying English?

Yes  No

Please rate your English proficiency

|          | 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"/> |

Are you able to follow lectures in English?

Yes  No

### Disability

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

\_\_\_\_\_

I understand that my application is not complete and will not be considered without an official Transcript of the academic studies and grades (in English)

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## **CLOSING DATES FOR APPLICATIONS**

For autumn semester 2017 (August-December): 15 May 2017

For spring semester 2018 (January-June): 15 November 2017

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

**RETURN FORM TO:**  
International Office  
Incoming Mobility  
Iulia Beleuta  
Volda University College  
Box 500  
NO-6101 VOLDA  
NORWAY