



Student Application Form

Photograph

ACADEMIC YEAR 20__/20__

Autumn term Spring term

EXCHANGE PROGRAMME:

Socrates/Erasmus Nordplus

SENDING INSTITUTION

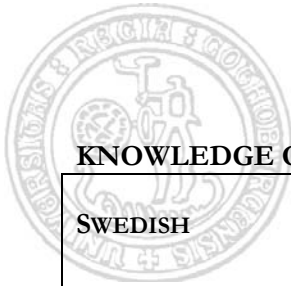
RECEIVING INSTITUTION

THE SAHLGRENSKA ACADEMY AT GÖTEBORG UNIVERSITY
Departmental Coordinator: Annelie Hyllner annelie.hyllner@sahlgrenska.gu.se Tel:+46-31-773 30 27 Fax: +46-31-773 38 66
Institutional Coordinator: Johan Ahlgren johan.ahlgren@adm.gu.se Tel:+46-31-773 10 89 Fax: +46-31-773 43 55

STUDENT'S PERSONAL DATA

Family name: _____
First name: _____
Date of birth: _____ (year/month/day) Sex: _____
Place of birth: _____ Nationality: _____
Current address: _____ Permanent address (if different): _____

Phone: _____
E-mail: _____
Number of study years at the current study programme prior to departure abroad: _____
Name and phone of person to contact in case of emergency:



KNOWLEDGE OF LANGUAGES

SWEDISH

WRITING

Excellent

Good

Fair

READING

Excellent

Good

Fair

SPEAKING

Excellent

Good

Fair

I am currently studying this language

Yes

No

I have sufficient knowledge to follow lectures

Yes

No

WRITING

Excellent

Good

Fair

READING

Excellent

Good

Fair

SPEAKING

Excellent

Good

Fair

Intended month of arrival:

Intended month of departure:

STUDENT'S SIGNATURE

I hereby declare that all the information provided on this application form and on the enclosures are correct.

Date:

Signature:

