

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 2016-2017

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address:

Department coordinator:

Email address:

Institutional coordinator:

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

| | |
|----------------|----------|
| Family name: | Address: |
| First name(s): | |
| Date of birth: | |
| Sex: | |
| Nationality: | |
| Tel.: | |
| E-mail: | |
| Skype ID: | |

Briefly state the reasons why you wish to study abroad and why you have chosen Denmark?

LANGUAGE COMPETENCE (required level of English: at least B1, preferred: B2)

| | | | | | | |
|-----------------|---------------------------------------|-------------------------------------------------------------|------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------|--------------------------|
| Mother tongue: | | Language of instruction at home institution (if different): | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
| | yes | no | yes | no | yes | no |
| | <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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

| | | | |
|-------------------------|-------------------|-------|---------|
| Type of work experience | Firm/organisation | Dates | Country |
| | | | |
| | | | |

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad? Yes No

If Yes, when? At which institution?

STUDY PROGRAMME AND SEMESTER YOU WISH TO ENROL IN:

| | 1 st semester | 2 nd semester | 3 rd semester | 4 th semester |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hospitality and Tourism Management Randers Campus | | | | |
| Marketing Management Randers Campus | | | | |
| Marketing Management Viborg Campus | | | | |
| IT Technology Viborg Campus | | | | |
| Automotive Technology Viborg Campus | | | | |
| | 5 th semester | 6 th semester | 7 th semester | |
| BA in International Hospitality Management Randers Campus | | | | |

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:.....

The application must be sent to:

Dania Academy Higher Education
Att.: Flemming Andersen
Minervavej 63
DK-8960 Randers SØ
Denmark

fka@eadania.dk