



APPLICATION FORM
INTERNATIONAL EXCHANGE STUDENTS

Application deadlines: 1 May for autumn semester / 15 October for spring semester

- Autumn semester (Aug-Dec) Spring semester (Jan-June)
 Full academic year (autumn and spring) Double degree

Family name		Photo	
Given name			
Sex (M/F)	Date of birth (DD/MM/YYYY)	Nationality	
Permanent home address			
Correspondence address (if different from above)			
Phone number(s)		E-mail	

Home institution	
Name of international coordinator	E-mail

Closest relative (name and address)		
E-mail	Phone number(s)	Relationship to you



Knowledge of English
Basic <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Other languages (Please specify)

Study programme at home institution	Year of admission
Please enclose transcript of records of present studies.	

List the courses you wish to study at Lillehammer University College (Please also complete the Learning Agreement)		
Course code	Course name	ECTS credits

Fields of interest/hobbies
Special needs (in connection to your stay)

Student signature	Place/Date
Coordinator signature	Place/Date/ Stamp

Please send the application to:

International Office
Lillehammer University College
PO Box 952, N-2604 Lillehammer

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