

## STUDENT APPLICATION FORM:

### PERIOD OF STUDY ABROAD

Period of study abroad:	Spring semester 200__ / Autumn semester 200__
Please indicate which semester substitutes your study abroad:	Semester number ____ of ____ semesters

### SENDING INSTITUTION

Faculty / School:	
Programme of study:	
Head of Programme / Department:	
International contact person: Name Phone E-mail Fax	
Sending institution:	

### RECEIVING INSTITUTION

Faculty / School-department.:	Faulty of Health Sciences
Programme of study-department.:	School of Nursing
Head of Programme / Department:	
International contact person:	
Receiving institution:	VIA University College, Skejbyvej 1, 8240, Risskov, DK RISSKOV06, + 45 8739 4500 <a href="http://www.viauc.com">www.viauc.com</a>

### STUDENT'S PERSONAL DATA

First name(s):		Last name(s):	
Sex:	Male ___ / Female ___	Civ. Reg. No.:	
Phone:	In home country: While abroad:	Student No.:	
Nationality:		Place of birth:	
Permanent address in home country:		Current address abroad– valid until:	
E-Mail at home institution:		Private E-mail:	
Next of Kin Information: Whom to contact if necessary.	Name: Address: Phone: E-mail:		

