

Send this form to all the institutions where you want to be enrolled. Please write legibly using a typewriter or CAPITAL Letters.

CPR-number (ddmmyy)

1. Personal data

Reserved for the institution	First name(s)		Phone number
	Family name		Mobile phone number
	Address		
	Country code	Postal code	City
	Country		E-mail

2. Citizenship

<input type="checkbox"/> Danish	<input type="checkbox"/> Other	Country code	Country	Do you have a Danish residence permit?
				<input type="checkbox"/> Yes. If yes please enclose a copy of the permit <input type="checkbox"/> No

3. Application for admission to

Name of institution	Name of programme	Admission area no.
<input type="checkbox"/> Standby If I am not admitted to this programme I apply for standby		Line of study, training location or practical training location if applicable
<input type="checkbox"/> Postponement of study start		

4. Upper secondary education/Entry qualification

Name of entry qualification	Name of institution
Grade point average from your secondary school	Year

5. Bonus for extra subject at the highest possible level

<input type="checkbox"/> I want to have my average examination mark regulated

6. Current or previous enrolment on higher education programmes, if applicable

Higher education programmes where you are or have been enrolled but have not completed the programme	No. of programmes	<input type="checkbox"/> I already hold a post-graduate degree (Second cycle higher education degree)
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7. Order of priority

Priority	Admission area no.	Name of programme
1		
2		
3		
4		
5		
6		
7		
8		

Documentation

It is essential for the processing of your application that you submit correct and complete documentation. Do not submit original documents, but send verified photocopies. The photocopies must be certified. This means that each individual copy must carry a statement that the copy corresponds with the original. Documents can be certified by a Danish authority, your embassy in Denmark, The Danish embassy in the country of origin or the school/authority that issued the original document. The document must include the names, addresses and date of both the signatory and the school/authority.

Signature

Under liability according to Danish Law, I hereby declare the information I have given to be truthful and accurate.	
Date	Signature of applicant
_____	_____

Application Form 2008

Admission area no.

CPR-number (ddmmyy)

8. Post-secondary education. Please state exams, study periods etc. from higher education. Official transcripts must be included.

	Name of degree	Name of institution	Start (date)	End (date)
1.				
2.				
3.				
4.				

9. Examinations passed supplementary to the upper secondary education/entry qualification

	Name of course	Name of institution	Start (ddmmyy)	End (ddmmyy)
1.				
2.				
3.				
4.				
5.				
6.				

10. Work experience. Documentation is required.

	Employer	Nature of work	Start (date)	End (date)	Hours weekly	Total no. of months
1.						
2.						
3.						
4.						
5.						
6.						

11. Extra-Curricular activities

	Institution/Organisation	Nature of activity	Start (date)	End (date)	Hours weekly	Total no. of months
1.						
2.						
3.						
4.						

12. Residence outside your home country including former periods of residence in Denmark

	A. Periods of former residence in Denmark	Purpose of stay	Start (ddmmyy)	End (ddmmyy)
1.				
2.				
3.				
	B. Other countries	Purpose of stay	Start (ddmmyy)	End (ddmmyy)
4.				
5.				
6.				
7.				

13. Knowledge of Danish Language. Documentation is required.

Name of language test you have passed or registered for	Yes	No	Date of language test
Study Test in Danish as a Second Language (Studieprøven i dansk som andetsprog)			
Other:			
Other:			

14. Knowledge of English Language. Documentation is required.

Name of language test you have passed or registered for	Yes	No	Date of language test
TOEFL			
HELTS			
Cambridge Proficiency Certificate			
Other:			
Other:			

Signature

Under liability according to Danish Law, I hereby declare the information I have given to be truthful and accurate.

Date

Signature of applicant
