

Application form

ONLY Summer School Students

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Summer School 20 _____

Your field of study: _____



Please fill in the form electronically before printing out!

Sending institution

Name of sending institution: _____

Department: _____

Address: _____ Postalcode & city: _____

Country: _____

Telephone: _____ Web: _____

ERASMUS code: _____

Administrative contact: _____

Telephone/Fax: _____ E-mail: _____

Student's Personal Data

Given name(s): _____ Surname: _____

Date of birth: day: _____ month: _____ year: _____ ☐ Male ☐ Female

Nationality: _____

Current address: _____ Permanent address (if different): _____

Valid until: _____

Telephone: _____ Mobile: _____

E-mail: _____ Fax: _____

Which course(s) are you applying for?

Period Courses

July

July / August

Language competence

Please fill in the form electronically before printing out!

	I am currently studying this language	I have sufficient knowledge to follow lectures
	Yes No	Yes No
English	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Previous and current study

Diploma/degree for which you are currently studying _____

Number of higher education study years prior to departure abroad _____

_____	_____
Date	Student's signature

• Please remember to enclose Learning Agreement, Transcript of Records, proof of English skills and, if relevant, Request to Reserve Accommodation. These documents have to be included before we can complete the evaluation of your application.

Sending institution

_____	_____	_____	_____
Date	Departmental coordinator's signature	Date	Institutional coordinator's signature

• Send Application with Learning Agreement, Transcript of Records, proof of English skills and, if relevant, Request to Reserve Accommodation to: Copenhagen University College of Engineering, att.: StudyCenter, Lautrupvang 15, DK-2750 Ballerup, Denmark

For the return of the learning agreement, please fill in your institution name and address - electronically please.

Please fill in the form electronically before printing out!

Contact person at your university

Name of student (given name(s) and surname)

ERASMUS code

Country

Details of the proposed study programme abroad/learning agreement

Course unit code (if any)	Course unit title (as indicated at http://int.ihk.dk/summer-school)	Number of ECTS credits

Date

Student's signature

Sending institution

We confirm that this proposed programme of study/learning agreement is approved and that the stay is planned to carry full credits and will not prolong the time of study at our university.

Date

Departmental coordinator's signature

Date

Institutional coordinator's signature

Receiving institution

We confirm that this proposed programme of study/learning agreement is approved.

Date

Departmental coordinator's signature

Date

Institutional coordinator's signature

Request to reserve accommodation

Please fill in the form electronically before printing out!

Student's Personal Data

Given name(s): Surname:

Date of birth: day: month: year: ☐ Male ☐ Female

Nationality: Languages spoken:

Do you smoke? ☐ Yes ☐ No

Current address:

Telephone: Mobile:

E-mail: Fax:

Special Wishes

Special wishes/needs concerning the accommodation (for example if you have allergies. Please note that we cannot guarantee that we can fulfil your wishes, but we will do our best:

Accommodation Period

Period	Courses
July	

July / August	

Did you apply for our Exchange program? ☐ yes ☐ no

DateStudent's signature