



UPPSALA
UNIVERSITET

Attach photo of
applicant

1. Your exchange

Your destination university

I am applying for exchange to the following university

The agreement the above university has with Uppsala is a:

Departmental agreement General university-wide agreement

(Don't know? Ask your coordinator)

Type of exchange

Bilateral agreement

Erasmus

Nordplus

Tempus

Linnaeus-Palme

Other (please specify) _____

Period of exchange

Tick the relevant semesters and fill in the year

Autumn semester (Sept-Jan) 20__

Spring semester (Jan-June) 20__

2. Personal details

Personal details

Family name _____

First (given) name _____

"Personnummer" (YY/MM/DD-XXXX) _____

Citizenship _____

Sex: Female Male

Email _____

Mailing address

Details below are valid until _____

Street address _____

Postcode _____

Country _____

City (and state where relevant)

Phone (inc. country + area code)

Mobile:



Previous studies

I have previously studied at the following higher education programme
(for example Bachelor (Kandidat) eller master degree

Name of programme and University	Degree title, level and/or main emphasis of studies	Dates of attendance (from-to)

Language proficiency

Use the following ratings: Excellent, Good or Poor

Language	Reading	Writing	Speaking
English			
Swedish			

4. Declaration

Student declaration

I certify that all information provided in the application is correct and complete. I hereby consent to my personal information being collected from or disclosed to relevant bodies for the verification of my previous qualifications. This information may be disclosed within Uppsala University for assessment of my application.

Signature: _____

Date: _____ (YY/MM/DD)

Home university endorsement

To be completed by your exchange coordinator

I hereby confirm that the applicant is nominated for the student exchange bilaterally agreed on by our institutions respectively

Name _____

Position _____

Erasmus area code of destination (for Erasmus exchanges only) _____

University _____ Fax _____

Phone (inc. country + area code) _____ email _____

Signature: _____

Date: _____ (YY/MM/DD)



Personal details

Name _____

Date of Birth: ___/___/___ Home University _____

Email _____

Please fill in your course proposal so that you have 30 credits per semester. Should you wish to indicate one or two “reserve” courses feel free to do so but mark them clearly as reserves in the field “course name” eg:International Studies (reserve).

Autumn semester, Aug-Jan, year _____

Weeks	Load	Course Code	Department Name	Course Name	Credits	To Dept	OK

Spring semester, Jan-Jun, year _____

Weeks	Load	Course Code	Department Name	Course Name	Credits	To Dept	OK

note: Feel free to abbreviate the department’s name: eg: “Biology” instead of “Biology Education Centre” .
“To Dept” and “OK” fields to be completed by department at Uppsala University once the course has been approved

