



## Application Form

Language course in Swedish for Erasmus exchange students

25<sup>th</sup> of July – 17<sup>th</sup> of August 2016

### Student data

Surname:

First name:

Address:

Country:

E-mail:

Phone:

Date of birth:

Female

Male

### Level of Swedish proficiency

Beginner

### Sending university

Name:

Hallmark:

Contact person:

E-mail:

Faculty/department

### Receiving university in Sweden:

I understand my application is binding for the period of 25<sup>th</sup> of July - 17<sup>th</sup> of August 2016.  
Final date for application: 20<sup>th</sup> of June 2016.

Signature of applying student

Date\_\_\_\_\_