



VOLDA UNIVERSITY  
COLLEGE

# APPLICATION FORM

ERASMUS ☐ EEA ☐ NORDPLUS ☐ FREEMOVER ☐ BILATERAL ☐

*(choose the exchange programme relevant for you)*

## PERSONAL INFORMATION

Family name(s) \_\_\_\_\_

First name(s) \_\_\_\_\_

Male ☐ Female ☐

Citizenship \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

Permanent home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number (with country code) \_\_\_\_\_

Email address \_\_\_\_\_

**I authorize the International Office at VUC to contact the following person in case of an emergency:**

Name and relation: \_\_\_\_\_

Telephone number (with country code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

List the courses you wish to study at Volda University:

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Autumn semester ☐ Spring semester ☐ Academic year ☐

Home university (if applicable) \_\_\_\_\_

Current year of study:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Level of degree for which you are currently studying (MA or BA): \_\_\_\_\_

### Language Proficiency

Language of instruction at home university \_\_\_\_\_

Have you taken the TOEFL test or other internationally recognized proficiency tests in English?

Yes ☐ No ☐

If yes, state which test and the results \_\_\_\_\_

Please rate your English proficiency:

	None	Poor	Fair	Good
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### THE FOLLOWING BOXES MUST BE TICKED FOR THE APPLICATION TO BE VALID!

☐ I agree that VUC processes my personal information in accordance to the GDPR regulations and I confirm I have read the privacy policy statement (Link: <https://www.hivolda.no/en/node/29922/fs-privacy-policy> ).

☐ I understand that I must inform VUC's International Office and the Special Needs Advisor at VUC of any disability or special needs (including dyslexia or mental health condition), if I require additional support during my exchange.

☐ I understand that my application is not complete and will not be considered eligible without an official Transcript of the academic studies and grades (in English).

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPLICATION DEADLINES:**

For autumn semester (August-December): 15<sup>th</sup> May

For entire academic year: 15<sup>th</sup> May

For spring semester (January-June): 15<sup>th</sup> November

**Erasmus/EEA/Nordplus/Bilateral students:** apply through  
Application Portal link

**Freemover students:** send the application to  
[international@hivolda.no](mailto:international@hivolda.no)