

# **Application Form 2012**

| end an application form to a<br>nstitutions where you want t<br>egibly using a typewriter or C | o apply. Please wr   |           | reanal data             |                                                                                                                       |                                                 | CPR number (       | ddmmyy)                                                              |  |
|------------------------------------------------------------------------------------------------|----------------------|-----------|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|----------------------------------------------------------------------|--|
| Reserved for the institution                                                                   | A HAL IELLEIS.       |           | name(s)                 |                                                                                                                       |                                                 |                    | Phone number                                                         |  |
|                                                                                                |                      |           |                         |                                                                                                                       |                                                 |                    |                                                                      |  |
|                                                                                                |                      | Family    | y name                  |                                                                                                                       |                                                 |                    | Mobile phone number                                                  |  |
|                                                                                                |                      | Addre     | 255                     |                                                                                                                       |                                                 |                    |                                                                      |  |
|                                                                                                |                      | Count     | try code                | Po                                                                                                                    | ostal code                                      | City               |                                                                      |  |
|                                                                                                |                      | Count     | try                     |                                                                                                                       |                                                 | E-mail             |                                                                      |  |
| 2. Citizenship                                                                                 |                      |           |                         |                                                                                                                       |                                                 | 1                  |                                                                      |  |
|                                                                                                | Country coo          | de        | Country                 |                                                                                                                       |                                                 |                    | Residence permit enclosed                                            |  |
| Danish Ot<br>Application for admissi                                                           | her                  |           |                         |                                                                                                                       |                                                 |                    | Yes No                                                               |  |
|                                                                                                | of programme         |           |                         |                                                                                                                       | of institution                                  | or practical train | ing location if applicable                                           |  |
| If I am not admitted to the programme I apply for s                                            |                      | Postpone  | ment of study start     | otady                                                                                                                 | into, daming location (                         |                    |                                                                      |  |
| . Upper secondary educa                                                                        |                      |           |                         | 6. Bon                                                                                                                | us for early study                              | start              |                                                                      |  |
| A. Pre-approved admission                                                                      | I have a pre-approv  |           | ion from 2011           |                                                                                                                       |                                                 | e. I have enclos   | 1009 and I am applying for exemption ed an exemption application and |  |
| B. Upper secondary education                                                                   | on/entry qualificati | ions      |                         | 7. Upper secondary supplementary                                                                                      |                                                 |                    |                                                                      |  |
| Upper Secondary Schoo<br>Leaving Examination (st                                               |                      | erage     | Year                    | I am currently taking a supplementary course which will be<br>completed before 5 July (section 10 must be filled out) |                                                 |                    |                                                                      |  |
| Higher Preparatory<br>Exam (hf)                                                                |                      |           | complete after 5 jul    |                                                                                                                       |                                                 |                    | course which I expect to<br>ust be filled out)                       |  |
| Higher Commercial<br>Exam (hhx)                                                                | Grade Point Ave      | erage     | Year                    |                                                                                                                       | Admission                                       |                    |                                                                      |  |
| Higher Technical<br>Exam (htx)                                                                 | Grade Point Ave      | erage     | Year                    | Priorit<br>1                                                                                                          | y area no.                                      |                    | Name of programme                                                    |  |
| GIF                                                                                            | Grade Point Ave      | erage     | Year                    | 2                                                                                                                     |                                                 |                    |                                                                      |  |
| Qualifyring Examinatio<br>for Technical Science                                                | Grade Point Ave      | erage     | Year                    | 3                                                                                                                     |                                                 |                    |                                                                      |  |
| International<br>Baccalaureate (IB)                                                            | Total Points         |           | Year                    | 4                                                                                                                     |                                                 |                    |                                                                      |  |
| Foreign<br>Exam                                                                                | Which                |           | Year                    | 5                                                                                                                     |                                                 |                    |                                                                      |  |
| Vocational training (EUD, SOSU)                                                                |                      |           |                         | 6                                                                                                                     |                                                 |                    |                                                                      |  |
| Other<br>entry qualifications                                                                  |                      |           |                         | 7                                                                                                                     |                                                 |                    |                                                                      |  |
| I apply for admission w                                                                        | th special permissic | n         |                         | 8                                                                                                                     |                                                 |                    |                                                                      |  |
| I have previously had<br>a special permission for<br>this programme                            | Journal number       |           | Date                    |                                                                                                                       | submit original docum<br>k you to submit orgina |                    | copies. The educational institution<br>m.                            |  |
| . Current or previous en<br>rogrammes, if applicabl                                            |                      | er educat | tion                    | Signat                                                                                                                | ure                                             |                    |                                                                      |  |
| Higher education programm been enrolled but have not o                                         |                      | r have    | Number of<br>programmes | I have                                                                                                                | given to be truthful an                         | d accurate.        | ereby declare all the information                                    |  |
|                                                                                                |                      |           |                         |                                                                                                                       | Enclosures are include                          | b                  |                                                                      |  |
| I already hold a master                                                                        | 's degree            |           |                         | Date                                                                                                                  |                                                 | Signature          |                                                                      |  |

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CPR number (ddmmyy)

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

|   | Name of degree | Name of institution | Address | Year started | Year (expected) passed | Year<br>interrupted | Still<br>admitted |
|---|----------------|---------------------|---------|--------------|------------------------|---------------------|-------------------|
| 1 |                |                     |         |              |                        |                     |                   |
| 2 |                |                     |         |              |                        |                     |                   |
| 3 |                |                     |         |              |                        |                     |                   |
| 4 |                |                     |         |              |                        |                     |                   |

## 10. Passed courses in addition to your upper secondary education/entry qualification exam

Under type you are to indicate what kind of course you have done. For example supplementary courses, studieprøven etc.

|    |      |         |       | Mark |         | Month/year<br>(expected) passed |
|----|------|---------|-------|------|---------|---------------------------------|
|    | Туре | Subject | Level | Oral | Written | (expected) passed               |
| 1. |      |         |       |      |         |                                 |
| 2. |      |         |       |      |         |                                 |
| 3. |      |         |       |      |         |                                 |
| 4. |      |         |       |      |         |                                 |
| 5. |      |         |       |      |         |                                 |
| 6. |      |         |       |      |         |                                 |

## 11. Work experience, trainee and military service (any maternity/paternity leave may also be entered here), in chronological order

|    | Employer | Type of work | From (date/year) | To (date/year) | Weekly<br>working hours | No.<br>of months |
|----|----------|--------------|------------------|----------------|-------------------------|------------------|
| 1. |          |              |                  |                |                         |                  |
| 2. |          |              |                  |                |                         |                  |
| 3. |          |              |                  |                |                         |                  |
| 4. |          |              |                  |                |                         |                  |
| 5. |          |              |                  |                |                         |                  |
| 6. |          |              |                  |                |                         |                  |

#### 12. Other activities after the age of 15, including extra curricular activities

|   | In which institution/organisation | Name of activity | From (date/year) | To (date/year) | Weekly<br>working hours | No.<br>of months |
|---|-----------------------------------|------------------|------------------|----------------|-------------------------|------------------|
| 1 |                                   |                  |                  |                |                         |                  |
| 2 |                                   |                  |                  |                |                         |                  |
| 3 |                                   |                  |                  |                |                         |                  |
| 4 |                                   |                  |                  |                |                         |                  |
| 5 |                                   |                  |                  |                |                         |                  |

## 13. Courses at folk high schools, day high schools etc.

|   |    | At which schools? | From (date/year) | To (date/year) | No.<br>of months |
|---|----|-------------------|------------------|----------------|------------------|
| · | 1. |                   |                  |                |                  |
| 2 | 2. |                   |                  |                |                  |
|   | 3. |                   |                  |                |                  |
| 4 | 4. |                   |                  |                |                  |

## 14. Staying abroad (outside your contry of residence)

|    | Which country? | What did you do in the country?<br>(travel, work, study) | From (date/year) | To (date/year) | No.<br>of months |
|----|----------------|----------------------------------------------------------|------------------|----------------|------------------|
| 1. |                |                                                          |                  |                |                  |
| 2. |                |                                                          |                  |                |                  |
| 3. |                |                                                          |                  |                |                  |
|    |                |                                                          |                  |                |                  |

### Signature

| I hereby declare all the information I have given to be truthful and accurate. |           |  |  |  |
|--------------------------------------------------------------------------------|-----------|--|--|--|
| Date                                                                           | Signature |  |  |  |
|                                                                                |           |  |  |  |
|                                                                                |           |  |  |  |