



Application and recommendation form Guest student admission

Application deadline: 15 October for Spring Semester/1 May for Autumn Semester

The application must be signed by the student and the receiving department and faculty at UiB

1. Personal information

Surname (all):		
First and middle name (all):		
Date of Birth (dd. mm.yy):		
Nationality:		Female <input type="checkbox"/> Male <input type="checkbox"/>
E-mail address:		
Home address (street, number, postal code, city):		
Phone number(s):	Private:	Mobile:

2. Study information

Faculty/Department at the University of Bergen where you intend to study:	
Period:	Semester: <input type="checkbox"/> Spring <input type="checkbox"/> Autumn

3. Recommendation from receiving department/supervisor at UIB:

Name and position of employee at UiB recommending the application:
Short description of reasons for recommending the student's application (use separate sheet if space is insufficient):

4. Educational background:

Studies in progress:				
Institution name:	From:	To:	Degree:	Age:

English proficiency (see English language requirement for master at www.uib.no)

Test name:	Date:	Score:

4. Funding

Please give information about financing source:.....
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Signatures:

When this application form is signed by all involved parties, it is to be considered as an agreement between the applicant and receiving faculty and department at UIB.

Name and signature, applicant

Name and signature, Department
Date:

Name and signature, Faculty
Date: