

SUMMER SCHOOL APPLICATION	
APPLICANT INFORMATION	
Name (First, Middle, Last):	
E-mail:	
Date of birth (dd.mm.yy):	Nationality:
Phone:	Country:
Current address:	
City:	ZIP Code:
HOME UNIVERSITY	
Name of home university:	
Field of studies:	
Current year of study:	
My home university is a partner institution:	NO
REQUESTED COURSE	
Name of course; 1 st priority:	
Name of course; 2 nd priority:	
EMERGENCY CONTACT	
Name of emergency contact:	
E-mail:	Country:
Phone:	Relationship:
Name of second emergency contact:	
E-mail:	Country:
Phone:	Relationship:
ATTACHED DOCUMENTS	
Transcript with list of passed courses	
Language requirement form	
Copy of passport	
Letter of nomination (if home university is a partner university)	
ACCOMODATION	
YES: I have sent an e-mail to bolig@sdu.dk in order to apply for the summer school housing	
NO: I will find my own housing	
SIGNATURES	
Signature of applicant: Scanned signature will be accepted	Date: