

**Application Deadline**

**15 September 2017**

**STUDENT APPLICATION FORM for EXCHANGE STUDENTS under the NORPART (PaproNoVi) PROGRAMME**

### SPRING SEMESTER 2018

**1. Personal details**

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| Family name: | First name(s): |
| Date of birth (DD/MM/YYYY): | Place of birth: |
| Citizenship: | Gender (F/M):  |
| Address: |
| Tel: | E-mail: |

**PLEASE NOTE THAT IT IS MANDATORY TO ATTACH A TRANSCRIPT OF RECORDS FROM YOUR CURRENT AND PREVIOUS EDUCATION TOGETHER WITH MOTIVATION LETTER AND ENGLISH PROFIENCY TEST RESULTS.**

**2. Education details**

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| Name of Home Institution: |
| Department/School: |
| Programme of Study:  |
| Year in the educational progression: |

**3. Academic work in progress**

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| Please list the academic work/courses currently **in progress** (courses you are taking this semester, which is not in the transcript) |
| COURSE NAME:  | CREDITS/ECTS:  |
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**4. Language Proficiency**

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| Indicate the English proficiency (TOEFL or IELTS) you can provide and include the score: |
|  TOEFL, score:……………… IELTS, score:………………. |

**5. Programme/Campus**

**When you make your choice, please be aware that you cannot select cross-campus courses or programmes!**

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| Please indicate which programme/campus you plan to study at: |
|  Master in Micro and Nano Systems Technology, Campus Vestfold Master in Embedded Systems, Campus Kongsberg |

**6. List of courses you intend to take at HSN**

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| Please note that you are expected to take a minimum of 30 ECTS per semester.  |
| COURSE NAME:  | ECTS:  |
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| **Please note: If you are interested in doing your master project at HSN spring semester 2018, it is mandatory to elaborate on the details of the project/thesis below.** |
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**7. Health**

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| Please indicate if you have some kind of health issues/disabilities such as dyslexia, dysgraphia, etc. which may influence your study process. Yes No If Yes, please provide a confirmation from doctor or special needs representative together with the application. |
| Do you have any other type of health diseases/disabilities such as heart disease, epilepsy, diabetes, etc. affecting your daily or/and special activities?Yes No If Yes, please give information about what health diseases/disabilities you have:  |

**8. Signature** (Read carefully before signing)

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| All information provided in this application, is to the best of my knowledge, correct. I am aware that providing incorrect information in this application may result in disqualification of my application. |
| Place |  Date |  Signature |

**Please remember to include certified copies of your transcripts, English proficiency test results and motivation letter along with the application.**