

**International Week University of Gävle, Sweden**

**Monday 7th – Friday 11th of March 2022**

(Arrival: 15th march, departure: 19th march)

**Enrolment Form**

***Please send this form via your international coordinator by December 15th 2021 to Kia Kimhag***

**For information, please contact:**

|  |  |  |
| --- | --- | --- |
| **International department coordinator** | **Mail:** | **Phone;** |
| Kia Kimhag  | kkg@hig.se | +4626648643 |

**Personal Data:**

|  |  |
| --- | --- |
| **Family name:** | **First name:** |
| **Date of birth:** | **Male/female:** |
| **Home adress:** | **Postal Code:****City:** |
| **Phone (incl. country and area code):** |  **E-Mail:** |
| **Nationality:** |  |

**Emergency contact**

**Further things useful to know for us:** (special diet, etc.)

**Home Institution:** (Official name and address of your home university / institution)

Department:

**Your contact person in your institution:**

Name:

Phone:

E-mail:

**Current studies:**

**Field of specialization:**

pre-school ( ) primary school ( ) secondary school ( )

Number of complete years at your home institution:

**Language competence:**

Mother tongue:

English language competence:

poor ( ) fair ( ) good ( )

For a self-assessment test of English please go to

<http://europass.cedefop.europa.eu/resources/european-language-levels-cefr>

**You will get a link to an online application from our international office to fill in for practical reasons**

*The student attests that s/he has a health insurance and a public liability insurance so that costs for a doctor / hospital abroad and costs for damages to a third party will be covered.*

Signature of the student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the international coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_