

Send this form to all the institutions where you want to be enrolled. Please write legibly using a typewriter or CAPITAL Letters.

CPR-number (ddmmyy)

1. Personal data

Reserved for the institution	First name(s)		Phone number
	Family name		Mobile phone number
	Address		
	Country code	Postal code	City
	Country		E-mail

2. Citizenship

<input type="checkbox"/> Danish	<input type="checkbox"/> Other	Country code	Country	Do you have a Danish residence permit?
				<input type="checkbox"/> Yes. If yes please enclose a copy of the permit <input type="checkbox"/> No

3. Application for admission to

Name of institution	Name of programme	Admission area no.
<input type="checkbox"/> Standby If I am not admitted to this programme I apply for standby		Line of study, training location or practical training location if applicable
<input type="checkbox"/> Postponement of study start		

4. Upper secondary education/Entry qualification

Name of entry qualification	Name of institution	
Address	Country	
Web site	Grade point average from your secondary school	Year
<input type="checkbox"/> I give my permission to the educational institution that the institution can contact relevant educational institutions and authorities in the country of education as well as relevant authorities in Denmark about my education.		

5. Current or previous enrolment on higher education programmes, if applicable

Higher education programmes where you are or have been enrolled but have not completed the programme	No. of programmes	<input type="checkbox"/> I already hold a post-graduate degree (Second cycle higher education degree)
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6. Order of priority

Priority	Admission area no.	Name of programme
1		
2		
3		
4		
5		
6		
7		
8		

Documentation

Do not submit original documents but send certified photocopies. The educational institution might ask you to submit original diplomas.

Signature

Under liability according to Danish Law, I hereby declare the information I have given to be truthful and accurate.

Date _____ Signature of applicant _____