

APPLICATION FOR ADMISSION TO SINGLE SUBJECTS, DAYTIME AT THE FACULTY OF SCIENCE AND TECHNOLOGY

| PLEASE WRITE in | block letters |
|-----------------|---------------|
|-----------------|---------------|

| Personal data | Other nationalities than Danish: Date of birth: | | | | | |
|---|--|---|--|--|--|--|
| | Danish citizens only: CPR-nu | imber: | | | | |
| | | | | | | |
| Street name and number.: | | | | | | |
| Post code.: City: | | Country: | | | | |
| Telephone number during the day: | | Mark if your telefone number is unlisted \Box | | | | |
| Occupation: | E-mail: | | | | | |
| | □ Other Country Codes: e the EU or the EEA with a permanent resid ncy in Denmark (documentation and copy o | lence permit or a residence permit with the | | | | |
| Have you been or are you presently en If yes, the name of the University | rolled as a student at a University | Yes 🗆 No 🗆 | | | | |
| | | | | | | |
| Qualifying admission degree, dip | loma or certificate | | | | | |
| The full title of your foreign school and | l/or university degree/diploma/certificate: | | | | | |
| | | | | | | |
| | | | | | | |
| I, the undersigned, hereby apply for ac | lmission to the following courses: | | | | | |
| Department of | | | | | | |
| Subjects: | | | | | | |
| (Please give an exact title of the course | and the STADS UVA CODE from the cours | e catalogue http://kursuskatalog.au.dk/en/): | | | | |
| 1. | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 0 | ion must be enclosed the application form (ects at bachelor level: Copy of the original u | · · · · · · | | | | |

- Applications for single subjects at Master's degree level: diploma for Bachelor's degree programme
- Certificates of English tests, for further information: http://kandidat.au.dk/en/admission/admission-requirements/

Applications lacking the relevant documentation will not be processed. Please send the application and relevant documentation to Continuing Education, ST Education, Faculty of Science and Technology, Ny Munkegade 120, building 1520, 8000 Aarhus C

□ I hereby declare that the university may process my application as an application for dispensation of the admission requirements for the applied modules, single subject etc. if it is estimated that I do not fulfill the requirements.

I hereby declare that the information above is correct and complete.

Date/month/year



Payment Information

Date of birth:

_____ I will pay the participant's fee myself

____ Employer will pay participant's fee for the courses listed on the application form

_____ Have made agreement with job centre or municipality about payment

FILL IN ONLY IF EMPLOYER OR JOB CENTRE/MUNICIPALITY IS PAYING

| CVR no. | |
|--------------------------|--|
| Employer | |
| If necessary, department | |
| Address | |
| Postal code | |
| City | |
| Telephone number | |

A **CVR** number must be stated as we cannot create an invoice without it. All registered companies in Denmark have a CVR number.

If a public institution or authority is paying, it must be by e-invoice. In that case we also need an EAN number.

| 13 digit EAN number - for electronic invoicing | | | | | | | |
|--|--|--|--|--|--|--|--|
| If necessary, order number | | | | | | | |
| If necessary, person reference | | | | | | | |
| Tel. for payment questions | | | | | | | |

If you have questions to the above, you are welcome to contact us via email: evu.st@au.dk.

Forward your application and this form to:

Efter- og Videreuddannelse, ST Aarhus Universitet Ny Munkegade 120, building 1520 8000 Aarhus C