

# APPLICATION FORM FOR NOMINATION

FOR ACADEMIC YEAR \_\_\_\_\_

AUTUMN SEMESTER  SPRING SEMESTER

STARTING YEAR OF STUDIES \_\_\_\_\_ EXPECTED GRADUATION YEAR \_\_\_\_\_

DEGREE PROGRAMME: -choose-

## STUDENT'S PERSONAL DATA

Family name: _____	First name (s): _____
Finnish Identity Code: _____	VAMK student number: _____
Gender: _____ Nationality _____	E-mail: _____
Place of Birth: _____	
Current address:	Permanent address (if different):
_____	_____
Street	Street
_____	_____
Postal code and City	Postal code and City
Current address is valid until: _____	Tel.: _____

## PARTNER INSTITUTION I AM APPLYING FOR:

Institution _____	Country _____
Period of studies from _____ to _____	Duration of stay in months _____
Double degree in Business (Heilbronn, Kiel, Mannheim or Cracow) for one academic year <input type="checkbox"/>	

**STUDENT'S MOTIVATION (Briefly state why you want to study/train abroad)**

**LANGUAGE COMPETENCE (SELF ASSESSMENT)**

Mother tongue \_\_\_\_\_ Language of Instruction at VAMK \_\_\_\_\_

Other languages:

\_\_\_\_\_ Level of knowledge \_\_\_\_\_ Number of Study years \_\_\_\_\_

\_\_\_\_\_ Level of knowledge \_\_\_\_\_ Number of Study years \_\_\_\_\_

\_\_\_\_\_ Level of knowledge \_\_\_\_\_ Number of Study years \_\_\_\_\_

**INTERNATIONAL EXPERIENCE:**

Have you already been studying abroad \_\_\_\_\_ If yes, what studies \_\_\_\_\_

When \_\_\_\_\_ Place \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Required Enclosures:**

- Learning agreement
- Transcript of records in English

Return address:

VAMK International Office /B1031-34  
Wolffintie 30  
65200 Vaasa, Finland  
E-mail: international@vamk.fi