NORWEGIAN
SCHOOL OF THEOLOGY

EXCHANGE STUDIES AT MF
OSLO, NORWAY

APPLICATION FOR ADMISSION AS A NON-DEGREE-STUDENT
Please type or print clearly.

Semester of Entry:

☐ **Autumn Semester** (mid-August — mid-December)
☐ **Spring Semester** (mid-January — mid-June)

Home Institution _____

Family Name: First name:

_____   _____

Place of Birth;   Date of Birth:

_____   _____

Nationality: ☐ Male   ☐ Female:
_____

☐ **Erasmus**   ☐ **Nordplus**
☐ **Bilateral Agreements**   ☐ **Other:_____**
☐ **Erasmus Link to Norway**

Semesters of Study Completed (as to July 1/December 1 the semester before starting at MF): _____

No lectures mid-June to mid-August and mid-December to mid-January

Deadline for application: Erasmus: April 1 (for autumn), November 1 (for spring),
others: February 1/October 1

NORWEGIAN SCHOOL OF THEOLOGY

Current Address:
Until when? _____

_____

_____

_____

Phone: _____

E-mail: _____

Permanent Address:

_____

_____

_____

_____

Phone: _____

Courses: (Please fill in desired courses during the exchange).
Course 1:
Course 2:
Course 3:
Course 4:
Our course catalogue is available at this webpage: http://web.mf.no/emnekatalog/index.php?&english=1

Relevant academic background/academic qualification:
1
2
3
Attachment: please attach transcript of records.

I certify that all information in this application is correct to the best of my knowledge.

_____   _____
                Date   **Student's signature**

CONFIRMATION OF ADMISSION TO EXCHANGE PROGRAMME OF THE   ABOVE STUDENT
To be completed by the Exchange Co-ordinator

This is to confirm that the above student is regularly enrolled at his/her home institution and has been nominated for the following exchange programme with the MF Norwegian School of Theology by our department

☐ **Erasmus**   ☐ **Nordplus**
☐ **Bilateral Agreements** outside of Socrates and Nordplus
☐ **Master Programme/Programme student**
☐ **Other: _____**

The letter of admission should be sent to the

☐ **Applicant**   ☐ **Exchange Co-ordinator**

Name: _____   **Phone**: _____

E-mail: _____   **Fax**:_____

Address: _____

_____ _____
        Date   **Exchange Co-ordinator's signature**   **Seal**

Please send the application form to the following address:

Address:	Telephone:	Telefax:
Postboks 5144 Majorstuen	+47 22 59 05 00	+47 22 59 05 01
N-0302 OSLO		
Norway	e-mail-address: international@mf.no	

Attachments:

- **Learning agreement**
- **Transcript of record**