

APPLICATION FOR ADMISSION TO SINGLE SUBJECTS, DAYTIME

Please send the application and relevant documentation to tomplads.bss.udd@au.dk

PLEASE WRITE in block letters

Personal data	Other nationalities than Danish: _____	Date of birth: _____	
	Danish citizens only: _____	CPR-number: _____	
First Name(s): _____	Surname: _____		
Street name and number.: _____			
Post code.: _____	City: _____	Country: _____	
Telephone number during the day: _____		Mark if your telephone number is unlisted <input type="checkbox"/>	
Occupation: _____	E-mail: _____		
Citizenship: <input type="checkbox"/> Danish <input type="checkbox"/> Other	Country Codes: _____	Country: _____	
<input type="checkbox"/> For citizens of countries outside the EU or the EEA with a permanent residence permit or a residence permit with the possibility of permanent residency in Denmark (documentation and copy of passport must be enclosed)			

Have you been or are you presently enrolled as a student at a University	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, the name of the University _____		
Which degree: _____		

Qualifying admission degree, diploma or certificate
The full title of your foreign school and/or university degree/diploma/certificate: _____

I, the undersigned, hereby apply for admission to the following courses:
Department of _____
Subjects: (Please give an exact title of the course and the STADS UVA CODE from the course catalogue http://kursuskatalog.au.dk/en/):
1. _____
2. _____
3. _____
4. _____

Are the above courses supplementary? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, for which Master's Degree Programme? _____
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Enclosures: The following documentation must be enclosed the application form (cf. admission requirements):

- copy of exams-/course diplomas, and, if relevant, documentation for supplementary activity
- certificates of English tests, for further information: <http://kandidat.au.dk/en/admission/admission-requirements>

Applications lacking the relevant documentation will not be processed.

<input type="checkbox"/> 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	Signature

Payment Information

Name: _____ CPR/DOB: _____

- 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	
If necessary, order number	
Address	
Postal code	
City	
Phone 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.bss@au.dk

Forward your application and this form to tomplads.bss.udd@au.dk