

## STUDENT APPLICATION FORM

### ACADEMIC YEAR 2010 /2011

DEADLINES for submission:

✓ 15<sup>th</sup> May

*(Photograph)*  
**compulsory**

This application should be completed in black, CAPITAL LETTERS in order to be easily copied, faxed or e-mailed

Please, specify the field of study at BASW (tick ✓)			
<input type="checkbox"/>	AP Degree in Marketing Management	<input type="checkbox"/> Esbjerg	<input type="checkbox"/> Sønderborg
<input type="checkbox"/>	AP Degree in Multimedia Design and Communication	<input type="checkbox"/> Esbjerg	
<input type="checkbox"/>	AP Degree in Computer Science	<input type="checkbox"/> Esbjerg	<input type="checkbox"/> Sønderborg
<input type="checkbox"/>	AP Degree in Fashion Design	<input type="checkbox"/> Sønderborg	
<input type="checkbox"/>	AP Degree in Management Technology Offshore	<input type="checkbox"/> Esbjerg	
Please, specify the field of study – Bachelor programs (tick ✓)			
<input type="checkbox"/>	Bachelor in International Marketing and Sales	<input type="checkbox"/> Esbjerg	
<input type="checkbox"/>	Bachelor in Web Development	<input type="checkbox"/> Esbjerg	
<input type="checkbox"/>	Bachelor in Software Development	<input type="checkbox"/> Esbjerg	
<input type="checkbox"/>	Bachelor in Technical Manager – Offshore	<input type="checkbox"/> Esbjerg	

(to be completed by the student applying)

STUDENT'S PERSONAL DATA		
Family Name		
First Name (s)		
Sex (tick ✓)	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (dd/mm/yy)		
Place of Birth		
Nationality		
Permanent address	Street and No.	
Address for correspondence (if different from above)	Postal Code and City	
	Country	
	Street and No.	
Telephone No./Fax No.	Postal Code and City	
	Country	
E-mail ( <b>regularly checked!</b> )		



ACADEMIC DETAILS		
Graduating school	Name	
	Address	
	Telephone/fax	
	e-mail	
Field of study		
Diplomas/degrees obtained		
Have you studied abroad before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>yes</u> , when? at which institution?		

LANGUAGE COMPETENCE							
Mother Tongue							
Other languages (specify and tick✓)	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation		certificates awarded (if any)
	yes	No	yes	no	yes	no	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WORK EXPERIENCE (if relevant)			
Type of work experience	Company/organisation	Dates	Country

Briefly state the reasons why you wish to study abroad ?

Student's signature	
Place	
Date	

Application form should be sent to:

**Esbjerg Applications:**

**Liselotte Kaus**  
**BUSINESS  
ACADEMY  
SOUTHWEST**  
International office manager  
Sp. Kirkevej 103  
6700 Esbjerg  
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Ph.: +45 76133200  
Fax: +45 76133201  
e-mail: [lka@easv.dk](mailto:lka@easv.dk)

**Sønderborg applications:**

**Ulla Abbas**  
**BUSINESS  
ACADEMY  
SOUTHWEST**  
Grundtvigs allé 88  
6400 Sønderborg  
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Ph.: +45 74124141  
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