



Molde University College

Specialized University in Logistics

Information form concerning exchange students at Molde University College

Personal data:

Family name:

First name:

Date of birth:

Home university:

Contact person at home university:

Address in home country:

Nationality and passport number:

(If you have two passports, please state both):

E-mail address:

Norwegian mobile number:

Information regarding your state of health (such as allergies) which Molde University College may need if an emergency occurs. It is voluntary to answer this question. This form will be stored in a locked archive and will be maculated when your stay at Molde University College has ended.

Contact person in home country (next of kin):

Name:

Address:

Phone number private:

Phone number work:

Mobile phone number:

E-mail address:

Regarding your stay:

You are a:

___ Erasmus Exchange student

___ Exchange student from partner university

___ Free mover

___ Other, specify: _____

Study level (Bachelor, Master or PhD):

Length of stay: From _____ (date) to _____ (date)

Personal statement

I hereby state that:

- I will be studying at HiMolde in the above mentioned period, and I will inform the International Coordinator if the stay is canceled.

- I will update my contact information in StudentWeb if I change my address or phone number.

- I approve that Molde University College store and use the given information if there is an emergency.

- I acknowledge that I am responsible for my safety and health during my study abroad period, and I understand that the study agreement with Molde University College does not result in the institution being financially responsible, including cases of illness, accident, injury, disappearance or for loss/damage to things.

Signature: _____ Date: _____