



**A. PERSONAL DATA**

Date of birth               — day month year		
Surname		First name(s)
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		
Person to contact in a case of emergency: name and phone number		
Home country	Mother tongue	Citizenship
May your name and/or address information be released for		
1. Study related purposes Yes ___ No ___ 2. Academic purposes e.g. surveys Yes ___ No ___ 3. Direct marketing Yes ___ No ___		

**B. FACULTY AND LEVEL OF STUDIES**

Faculty at the University of Lapland Faculty of Education 221000 <input type="checkbox"/> Faculty of Law 222000 <input type="checkbox"/> Faculty of Social Sciences 224000 <input type="checkbox"/> Faculty of Art and Design 223000 <input type="checkbox"/> Arctic Studies Program 224000 <input type="checkbox"/>	Program Home university Erasmus code Erasmus <input type="checkbox"/> _____ Bilateral <input type="checkbox"/> First <input type="checkbox"/> Free mover <input type="checkbox"/> Other _____
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**C. REGISTRATION**

Student Exchange Time _____	Date ____/____/20____  Signature _____
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