

International Office
Talonspojankatu 4
67100 Kokkola, Finland
T. +358 6 825 2012/ +358 44 725 0012
F. +358 6 825 2074
E-mail: international@cou.fi
www.cou.fi

ERASMUS Application Form
Incoming Exchange Student
Academic Year 2010-2011

Passport picture

1. PERSONAL DETAILS

Family name: _____

First name: _____

Gender: _____

Date of birth: _____

Nationality: _____

Home address: _____

Postal code and city: _____

Telephone number: _____

E-mail address: _____

Contact person in case of emergency: _____

Telephone number of the contact person: _____

E-mail address of the contact person: _____

2. HOME INSTITUTION

Name: _____

ERASMUS code: _____

Department/faculty: _____

Address: _____

Postal code and city: _____

Country: _____

Telephone number: _____

Fax number: _____

Departmental co-ordinator: _____

Telephone number: _____

E-mail address: _____

Institutional co-ordinator: _____

Telephone number: _____

E-mail address: _____

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3. PERIOD OF EXCHANGE PROGRAMME

- Autumn semester 2010
 Spring semester 2011
 Academic year 2010 – 2011

4. EXCHANGE PROGRAMME

Please indicate within which programme you intend to study

- Degree Programme in Business Management, Kokkola
 Degree Programme in Chemistry and Technology, Kokkola
 Degree Programme in Information Technology, Kokkola
 Degree Programme in Nursing, Kokkola
 Degree Programme in Industrial Management, Ylivieska
 Degree Programme in Tourism, Pietarsaari
 Module International Business Studies, Pietarsaari - *Offered only during the autumn semester*
 Module in Fur Design, Pietarsaari - *Offered only during the spring semester*

5. SPECIAL NEEDS

Do you have any disability or needs that demands extra assistance from COU?

- Yes
 No

6. ACCOMMODATION

Do you wish COU to reserve an apartment for you?

- Yes
 No

7. HEALTH INSURANCE

As an international student you are required to have sufficient health insurance.

Students from EU countries I fall under the state health scheme and will enclose a copy of the European health card

Students from non-EU countries I will carry a health insurance with international coverage.

8. CONTACT DETAILS

Please return this form

by **31 May** if you plan to start your studies in autumn semester 2010
by **15 November** if you plan to start your studies in spring semester 2011.

This form should be filled in electronically, printed, signed and sent to:

Central Ostrobothnia University of Applied Sciences
International Office
Talonspojankatu 4, 67100 Kokkola
FINLAND

If you have any questions, you can visit the website www.cou.fi/eng (For exchange Students) or contact us by email:

Helena Eijsberg, International Officer, responsible for incoming exchange students.
helena.eijsberg@cou.fi or international@cou.fi

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Please attach the following documents:

1. Learning agreement
2. A passport photo
3. A copy of the European health card

Place and date

Student's signature

Name with block letters

Place and date

International coordinator's signature

Official stamp of the institution:

Name with block letters