



Application for Guest Studies at another Public University

Deadline for applications: 15 Aug. for Autumn semester and
15 Dec. for Spring semester

Academic year _____

Semester Autumn

Spring

Information about the Applicant / Guest Student

Icelandic ID Number _____

E-mail: _____

Name: _____

Phone: _____

Address: _____

Zip code _____

Information about studies at Home institution

Faculty: _____

Programme: _____ Completed ECTS credits towards degree: _____

Information about the Receiving institution

University: _____ Faculty: _____

Programme: _____

Number/ID of course(s) at Receiving institution (if not normal on-site studies, please check the appropriate form of study)

_____	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Sessional	_____	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Sessional
_____	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Sessional	_____	<input type="checkbox"/>	Distance	<input type="checkbox"/>	Sessional

Place of exam, if not the Receiving institution _____

Special needs (applicant has registered special needs at Home institution) Yes

Applicant's comments: _____

Place and date _____

Signature of the applicant _____

Processing by Home institution:

Permission from the faculty office: Above mentioned courses are approved
and will be evaluated as part of the student's degree

Yes

The applicant has paid the registration fee

Yes

Institution's comments: _____

Processing by Receiving institution:

The applicant has been permitted to register

Yes

The applicant has been registered as Guest Student at the receiving institution

Yes

Institution's comments: _____

Signature of home institution _____

Signature of receiving institution _____